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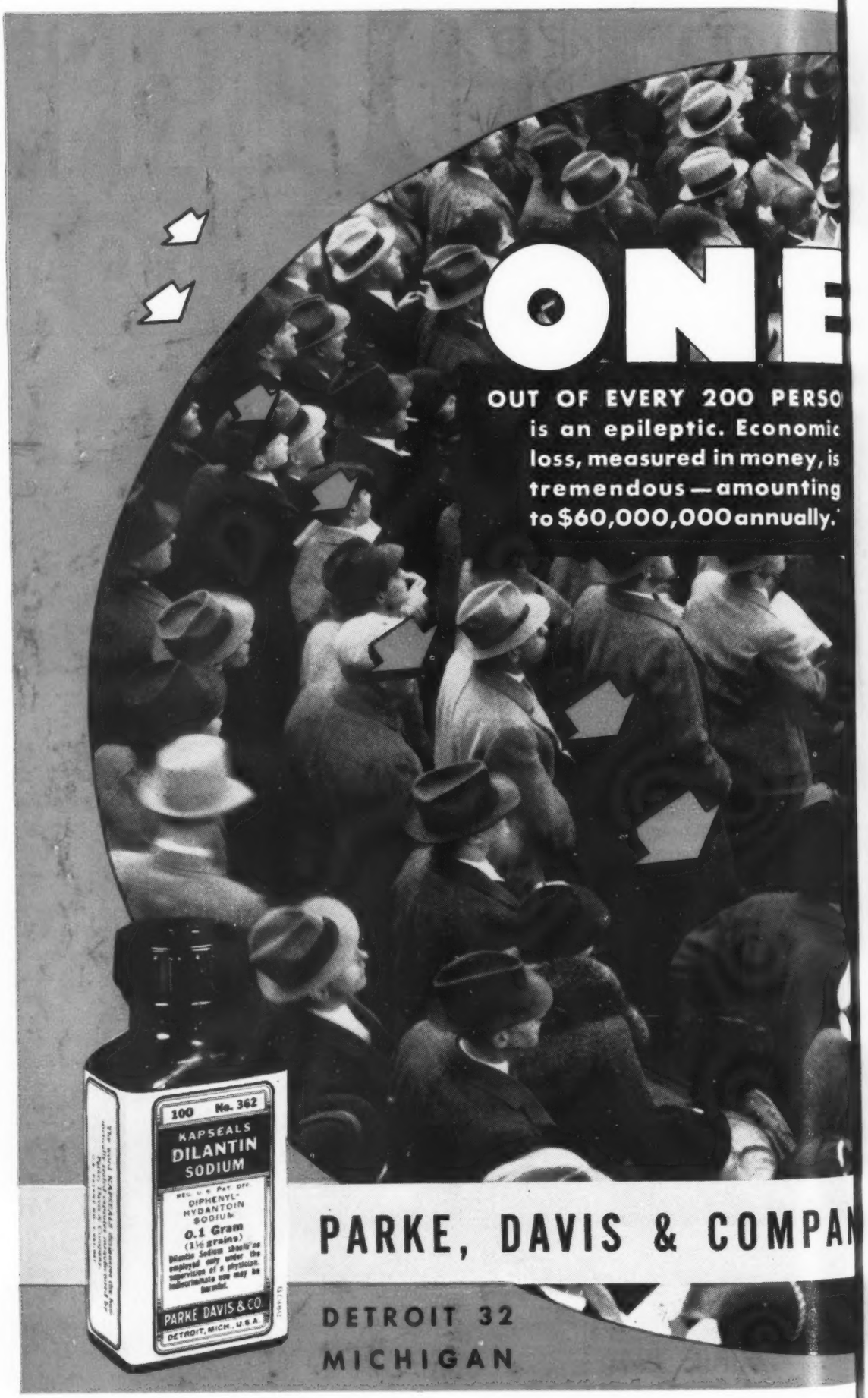
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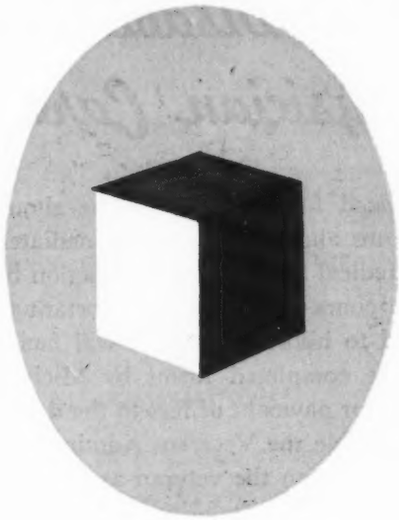


APRIL, 1946

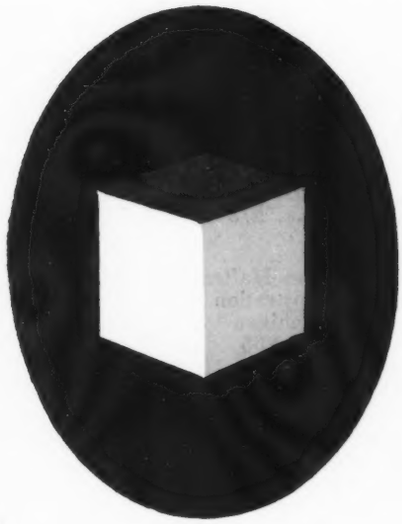
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H. H. Cummings, M. D.
Ann Arbor
MSMS President
1942-1943


ONE
OUT OF EVERY 200 PERSO
is an epileptic. Economic
loss, measured in money, is
tremendous — amounting
to $60,000,000 annually.
100 No. 362
KAPSEALS
DILANTIN
SODIUM
DIPHENYL-
HYDANTOIN
SODIUM
0.1 Gram
(1½ grains)
PARKE DAVIS & CO
DETROIT, MICH., U.S.A.
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DETROIT 32
MICHIGAN



in clear relief



Protruding in bold relief from the adjacent tissues, rectal hemorrhoids frequently obscure less well-defined pathology located higher in the ano-rectal area. To avoid all error while providing relief—in the clear—the physician may avail himself of the palliative, yet safe actions of 'ANUSOL'* Hemorrhoidal Suppositories. Containing no narcotic, anesthetic or analgesic drugs to mask the symptoms of more serious rectal pathology; no styptics or hemostatics with attendant danger of thrombosis; and no vasoconstrictors to produce systemic side effects, 'ANUSOL' Hemorrhoidal Suppositories permit continued function of sensory warning mechanisms. Simultaneously, they permit early *and* safe relief by means of decongestion, lubrication and protection.

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Available in boxes of 6 and 12 suppositories.

Hemorrhoidal Suppositories

Many Service-Connected Disabilities Receiving Family-Physician Care

The "Home-Town" medical care program is now in full swing and hundreds of Michigan veterans *with service-connected disabilities* are receiving medical care from their own doctors.

The doctors of Michigan have given splendid support to this program, but more doctors are needed if the goal of 100 per cent participation is to be realized. Every doctor planning to participate who has not yet registered is urged to return his registration card as soon as possible.

Prior planning has been chiefly responsible for the speed with which the program has been put into operation. The questions in examination and treatment forms have been reduced to a minimum and methods of processing authorizations have been streamlined to effect an efficient and simplified system.

Undoubtedly, many doctors have or will receive inquiries from veterans in regard to treatment and care. For the information of doctors rendering service to veterans, the following method of procedure has been made standard:

Procedure for Physicians

1. In all cases the authorization for medical care to veterans with service-connected disabilities must come from the Veterans Administration. Neither the doctor nor Michigan Medical Service can authorize examinations or treatment.

2. When a veteran applies for and receives authorization for medical care by his own physician, the authorization is sent direct to Michigan Medical Service. Michigan Medical Service then sends the veteran the authorization and a reporting form for the type of service authorized by the Veterans Administration.

3. Two types of forms are used for this purpose. One form covers examinations for the rating of disabilities and the other covers treatments for existing conditions. The veteran, upon receipt of his authorization and his examination or treatment form, goes direct to his physician. No additional procedure is necessary on his part to obtain service.

4. When the doctor has rendered the services authorized for the veteran, he should complete the forms and return them immediately to Michigan Medical Service. Prompt action by the doctor in this connection is very important to the veteran and to himself. First, it will facilitate processing the completed forms by Michigan Medical Service for payment of fees to the doctors. Second, it will enable the Veterans Administration to complete the file on the veteran and in the case of an examination for disability rating it will speed adjudication of the veteran's claim for a disability pension.

VETERANS ADMINISTRATION

State Contact Offices—Under Michigan Regional Office

Battle Creek
Mr. James M. Ellenburg, Contact Representative
Veterans Administration
Percy Jones General Hospital
Battle Creek, Michigan
Phone: 26511 Ex. 578

Fort Custer
Mr. Neal D. Van Haften, Contact Representative
Veterans Administration
Fort Custer, Michigan
Phone: 7145 Ex. 265

Grand Rapids
Mr. O. F. Scoville, Contact Representative
Veterans Administration
Room 540, Keeler Building
Grand Rapids, Michigan
Phone: 8-9223

Marquette
Mr. Patrick Bennett, Contact Representative
Veterans Administration
Longyear Building
Marquette, Michigan
Phone: 247

Lansing
Mr. John L. Hurrle, Contact Representative
Veterans Administration
Michigan Theatre Arcade 12A
Lansing 2, Michigan
Phone: 4-9116

Saginaw
Mr. Lorne F. Mennell, Contact Representative
Veterans Administration
Board of Commerce Building
Saginaw, Michigan
Phone: 2-2487

Flint
Mr. Charles P. McCarty, Contact Representative
Veterans Administration
205 C.I.O. Building
Flint, Michigan
Phone: 4-3762

(Continued on Page 458)

THERAPEUTIC ACTION

Therapeutically, Ertron is different from any other antiarthritic. Many patients in large series of clinical studies have experienced restoration of movement in affected joints, relief of pain and measurable evidence of reduced swelling. Comprehensive published works are evidence of established therapeutic action.

CHEMICAL COMPOSITION

It can now be said that chemically, too, Ertron is unique. Ertron differs in chemical composition from the ordinary vitamin D preparations—a fact that undoubtedly accounts for the excellent results obtained with Ertron.

Simply stated, Ertron is electrically activated vaporized ergosterol prepared by the Whittier Process. Each capsule contains 5 mg. of activation-products having a potency of not less than 50,000 U.S.P. Units of vitamin D.

Ertron contains a number of hitherto unrecognized factors which are members of the steroid group. The isolation and identification of these substances in pure chemical form further establish the chemical as well as the therapeutic uniqueness of Ertron.

ERTRONIZATION THERAPY

Physician control of the arthritic patient is essential for optimum effect. To Ertronize employ Ertron in adequate daily dosage over a sufficiently long period to produce beneficial results. If signs of overdosage appear, discontinue medication for about ten days—then continue with three capsules per day gradually building up to the patient's level of tolerance.

Ertron is the registered trade-mark of Nutrition Research Laboratories

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SUPPLIED IN BOTTLES OF 50, 100 AND 500 CAPSULES

Parenteral for supplementary intramuscular injection



Ethically promoted

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Outstanding Medical Public Relations Conference

Eighty-seven attended the Public Relations Conference sponsored by the Michigan State Medical Society and held at the Hotel Olds, Lansing, on February 21. Enthusiastic praise was voiced for an unusual and very informative program.

Presiding at the morning session was H. A. Miller, M.D., Lansing, Chairman of the Legislative Committee, and in the afternoon J. S. DeTar, M.D., Milan, Chairman of the Public Relations Committee.

J. W. Holloway, Jr., Chicago, Director, Bureau of Legal Medicine and Legislation, American Medical Association, opened the meeting with a dissertation on legislation which today challenges the medical profession. His address was titled, appropriately, "The Threat."

Arguments of the proponents of this legislation were offered in the address "Better Medical Care for the American People" by Ernest B. Harper Ph.D., East Lansing, Head of the Department of Social Service, Michigan State College.

C. L. Candler, M.D., Detroit, Chairman of the Special Committee on Radio, announced during the dinner hour that "American Medicine," the new MSMS commercial radio program, would be aired on Tuesday, March 5, at 8:15 p.m., on the Michigan Radio Network and other stations.

Dr. Sensenich Gives the Facts

R. L. Sensenich, M.D., Chairman, South Bend, Indiana, Board of Trustees A.M.A., opened the afternoon session with a revealing word picture of "The Facts—Our Point of View."

A. S. Brunk, M.D., Detroit, President of Conference of Presidents and Other Officers of State Medical Associations, listed the objectives of the Medical Profession, pointing out that they are, in reality, our opportunities.

In a down-to-earth lecture, Edward F. Stegen, Chicago Associate Administrator, National Physicians Committee, outlined "Our Job and How to Do It."

A Clinic consisting of three skits demonstrating personal contact work and public platform technique followed the regular speakers. J. S. DeTar, M.D., of Milan, L. W. Hull, M.D., Detroit, Frank J. O'Donnell, M.D., Alpena, and Hugh W. Brenneman, MSMS Public Relations Counsel, comprised the cast.

In the discussion period, Mr. Thomas A. Hendricks, Chicago, Secretary of the AMA Council on Medical Service and Public Relations, E. D. King, M.D., Detroit, and J. C. Ketchum, Detroit, Executive Vice President of the Michigan Medical Service, urged better public relations and offered thoughtful suggestions concerning action to be taken by the listeners.

Eighty-seven Attend Conference

County Society Public Relations Committee members present were: R. H. Alter, M.D., Jackson; J. K. Altland, M.D., Barry; A. L. Arnold, M.D., Shiawassee; E. W. Blanchard, M.D., Sanilac; Robert S. Breakey, M.D., Ingham; J. Russell Brink, M.D., Kent; E. T. Brunson, M.D., Allegan; Sara M. Burgess, Genesee; L. G. Christian, M.D., Ingham; R. H. Criswell, M.D., Bay; Otto K. Engelke, M.D., Washtenaw; L. C. Harvie, M.D., Saginaw; L. Dell Henry, M.D., Washtenaw; Albert Heustis, M.D., Branch; M. A. Hoffs, M.D., Ionia-Montcalm; L. W. Hull, M.D., Wayne; David M. Kane, M.D., St. Joseph; W. B. McWilliams, M.D., Clinton; H. J. Meier, M.D., Branch; A. P. Murphy, M.D., Saginaw; F. J. O'Donnell, M.D., Alpena-Alcona-Presque Isle; E. S. Parmenter, M.D., Alpena; R. C. Perkins, M.D., Bay; J. S. Rozan, M.D., Ingham; E. C. Sites, M.D., St. Clair; Howard T. Stuch, M.D., Allegan; E. A. Thayer, M.D., Jackson; O. Van der Velde, M.D., Ottawa; J. A. VanLoo, M.D., Ionia-Montcalm; Gordon H. Yeo, M.D., Mecosta-Osceola.

Members of the MSMS Public Relations and Legislative Committees attending were: Clarence L. Candler, M.D.; S. L. Loupee, M.D.; Edward D. King, M.D.; J. J. McCann, M.D.; Harold A. Miller, M.D.; Gilbert B. Saltonstall, M.D.; George Waters, M.D.; A. V. Wenger, M.D.

MSMS Officers and Councilors who attended included: President R. S. Morrish, M.D.; Secretary L. Fernald Foster, M.D.; W. E. Barstow, M.D.; A. S. Brunk, M.D.; T. E. DeGurse, M.D.; Fred Drummond, M.D.; Wilfrid Haughey, M.D.;

(Continued on Page 432)

England's Panel Practice

National Health Insurance in England is compulsory for *all* with incomes of less than 420 pounds sterling ($1,680) per year, which group makes up well over 90 per cent of the population.

The 1911 law *does not cover the dependents* of the wage earner. Another arrangement must be worked out for their care.

Cost of 32 cents per week per individual is borne equally by employer and employe. Employe must provide for his dependents through other means, usually through a "Public Medical Society" which is a panel system operated by local doctors on a voluntary basis. Cost is 8 cents per week per individual with limit of 28 cents for a single family.

It is interesting to note the distribution of the income by the National Health Insurance (politically controlled) as compared to the "Public Medical Society" (locally controlled by doctors):

National Health Insurance (Panel System)

For doctor	12.5%
For drugs	3.5%
For mileage fees	.5%
For administration	83.5%

Public Medical Society

For accountant	7.5%
For collector	12.5%
For doctor	80.0%

The average panel doctor has 2,000 patients on his panels. Average income from such a panel is about 1,000 pounds sterling ($4,000). One individual panel doctor had 9,000 calls in one year so that his average income per office or house call was 2 shillings—or 40 cents. In addition, the doctor has patients to care for under the "Public Medical Society" plan numbering possibly 1,000. These being largely women and children who are dependents of wage earners, they require at least thirty calls per day. Add to this the ten or so private patients and one can see how overworked a conscientious doctor would be.

Doctors are greatly restricted in the drugs they may use—even to being subjected to heavy fines for using drugs not specified by the political administrators.

Again, doctors are restricted by the administrators as to what type of work they can perform—usually strictly limited to what a general practitioner is supposed to do and this has been very narrowly interpreted by the courts.

Those who are authorized to do surgery are paid very small fees—an appendectomy nets them about 1 pound shilling or $4.00!

The average time required for a panel patient office call is 3 minutes—one minute to usher the patient in and out, one minute for questioning and examination, and one minute for writing the prescription and record.

The panel doctor is constantly harrassed by inspection of his records and if these fail to pass he is fined anything from $400 to $800 without further process of law.

It would appear there is a tremendous discrepancy in the administrative costs of politically controlled medicine in England compared to local voluntary profession controlled plans.

Conclusions: The panel doctor is overworked and underpaid and overrestricted in his practice, so it is not possible for him to render good medical care to all his patients, particularly those on the panel.—Digest of article by Capt. Paul K. Maloney, MC, AUS, Published in *King's County Medical Society Bulletin,* New York.

OUTSTANDING MEDICAL PUBLIC RELATIONS CONFERENCE

(Continued from Page 430)

R. J. Hubbell, M.D.; P. L. Ledwidge, M.D.; E. F. Sladek, M.D.; E. R. Witwer, M.D.; J. S. DeTar, M.D.

Other Guests: Mr. Ray Baker, Ann Arbor; Mrs. R. S. Breakey, Lansing; Thelma Brewington, Lansing; Mildred Cardwell, Lansing; F. R. Nicholas Carter, M.D., South Bend; Mr. Gordon Davis, Detroit; Alfred H. Ellison, M.D., South Bend; L. G. Goodrich, Detroit; Mr. Ernest B. Harper, East Lansing; Mrs. L. C. Harvie, Saginaw; Mr. Tom Hendricks, Chicago; Mr. J. W. Holloway, Jr., Chicago; Jay C. Ketchum, Detroit; Else Kolhede, Detroit; Mr. Raymond W. Mody, Detroit; R. L. Sensenich, M.D., South Bend; William A. Shilling, Pinckney; Mr. George R. Sidwell, Lansing; Edward F. Stegen, Chicago; Mrs. E. D. King, Detroit; Mrs. C. L. Candler, Detroit.

What Do We Learn from New Zealand?

Much has been heard of the social security system in New Zealand. Although a relatively recent date (1939), this is one of the most comprehensive in existence. To it, advocates of expansion of the present system in this country have "pointed with pride." They have referred particularly to the health insurance and medical program as clearly indicating the practicability of a compulsory health program in the United States.

In recent months, however, less has been heard of the "wonders" of the plan from the protagonists of the socialistic compulsory insurance theory. Here is why:

The cost of New Zealand's social security program now exceeds one-third of the national income!

The compulsory health insurance system of New Zealand appears to be confronted with disturbing problems. A news dispatch in the New York Times (October 7, 1945) reports that Health Minister Arthur Nordmeyer told the House of Representatives that the government is "seriously considering whether New Zealand's free physician service will be continued." He disclosed that the Administration is negotiating with the National Medical Association to arrange a different system.

If, in spite of favorable circumstances, New Zealand apparently has been unable to keep the operation of compulsory health insurance at an even keel, it tends to show the importance of factors not strictly of a medical character. One of these may be found in the human tendency to take excessive advantage of benefits offered under a compulsory system; another may be the political pressure for increases in coverage and duration of benefits (which "incidentally" means increase in rates).

U. S. Cost May Be 15 Per Cent!

Let's consider the cost: The various compulsory health insurance expenditures alone in 1944 took approximately four per cent of total annual wages and salaries in New Zealand. However, this should not lead to the conclusion that four per cent of payroll is sufficient to finance the type of compulsory health insurance programs currently advocated in the United States. At least three points should be borne in mind:

1. The scale of benefits in New Zealand is not high. Paid for all medical benefits under New Zealand compulsory plan in the year April 1, 1944 to March 31, 1945 was $5,234,713. By comparison: during 1945, Michigan's *voluntary* plans (Michigan Medical Service and Michigan Hospital Service) paid $13,087,424.70 in benefits. Michigan Medical Service paid $4,148,923.13 and Michigan Hospital Service $8,938,501.57.

2. Surgical and some minor benefits are not included under the New Zealand plan.

3. The cost of social security should be very low in New Zealand, a country combining an advanced English civilization with a new physical environment. Yet it still took four per cent, *plus*. The Wagner-Murray-Dingell Bill calls for three per cent. Considering the above it would seem that *three per cent would be just the beginning. Fourteen or fifteen would be more reasonably accurate.*

Quoting from an article by Quentin Pope, New Zealand journalist, who looks with a cynical eye at the future of the social security program in his country: "The system has not cut sickness and has not provided adequate medical care . . . . Highlights of social security on the New Zealand model as revealed during the six years of operation are, first, the steady rise of its cost to critical totals; second, the obsession of government leaders with the plan and efforts to maintain it by devices seeking to stabilize national income at the expense of dynamic growth; third, the policy of bribing the electorate each voting time with promises of more benefits." Meanwhile, workers were told their wage tax to the Social Security fund in 1946 must be stepped up to 7.5 cents on the dollar!

All of this is more reason why we in the United States should not rush into plans of compulsory sickness insurance; why, indeed, we should dash in quite the opposite direction!

may be beyond repair, adequate systemic therapy, optimal nutrition, physiotherapy, physical and mental rest, and orthopedic measures can do much to prevent or correct deformities, relax painful spastic muscles, abolish pain, and restore useful function.

Darthronol, because of the pharmacodynamic and nutritional influences of its nine active ingredients, warrants inclusion in the complete arthritis rehabilitation program. In addition to exerting the favorable influence in arthritis attributed to Vitamin D, Darthronol plays an important role in the aim to improve the general well-being, to correct the multiple systemic disturbances frequently associated with chronic arthritis, and to restore the nutritional status to optimal levels—a truly rational approach to the rehabilitation of patients afflicted with chronic arthritis.

EACH CAPSULE CONTAINS:



Vitamin D (Irradiated Ergosterol)	50,000 U.S.P. Units
Vitamin A (Fish-Liver Oil)	5,000 U.S.P. Units
Ascorbic Acid	75 mg.
Thiamine Hydrochloride	3 mg.
Riboflavin	2 mg.
Pyridoxine Hydrochloride	0.3 mg.
Calcium Pantothenate	1 mg.
Niacinamide	15 mg.
Mixed Natural Tocopherols	3.4 mg.

(Equivalent in biological activity to 3 mg. of Alpha Tocopherol)



Even when the osseous and cartilaginous changes have become irreversible, a complete rational therapeutic program can accomplish much in abolishing pain, diminishing soft tissue swelling and restoring useful function.

ARTHRITIC

Chicago 11, Illinois

Program of Health Legislation Beneficial to the People

WHEREAS, It is the earnest desire of the medical profession of this country to provide better health care for the American people and improve health facilities and standards, therefore be it

RESOLVED, That the following principles for a health legislation program be adopted:

1. Establishment in the President's Cabinet of a Secretary of Public Health and Medical Welfare, who shall be selected from the ranks of actively practicing physicians, and under whose jurisdiction every federal bureau and office, whose duties are related to health and medical welfare, shall be grouped.

2. Encouragement of medical and other scientific research and study for the continuous improvement of medical care by government grants-in-aid.

3. Provide federal or state loans, or guarantees of private loans, for the expansion of hospital and educational facilities, the operation of same to be entirely supervised, controlled, and carried on by those who own such facilities and by the medical profession.

4. (a) Establish state-wide voluntary non-profit health care programs, in every state, based on the free choice of purveyors of health care; such programs shall act as a service plan to all in groups classified as within a special income level as determined by the plan in each state or regional unit; as an indemnity plan for those classified as above that income level by each state or regional unit; as a service plan to the indigent and semi-indigent by contractual arrangement for payment of charges from county, state or federal funds; as a service plan for all other governmental categories eligible for health care; as a service plan for all physicians' services to veterans of the armed forces for all illnesses or disabilities eligible under the law.
   (b) Any further federal or state programs for expansion of medical service to be developed within the structure of the above-described program.
   (c) National co-operation with the proposed plans of Major General Paul R. Hawley of the Veterans Administration in the therapeutic administrations to veterans for service-connected disabilities. Also for the development of veteran facilities as teaching hospitals under the medical direction of civilian consultants in the respective specialized medical departments.
   (d) All state-wide medical care programs on either a service or indemnity care basis shall be incorporated under special state-enabling acts or by already existing state statutes relating to non-profit producers' co-operatives. This will provide for either a prepayment or a reimbursement contractual service.
   (e) Group co-operation and reciprocity, on a national level, by all voluntary state medical and hospital care (Blue Cross) programs, should be accomplished.

5. We suggest establishment in communities where feasible of a public information and educational service adequately financed, to advise all the people with respect to proven measures to prevent illness, hygienic and sanitary measures, and where to go to seek help when ill or injured.

6. The function of government, federal and state, should be to encourage and assist, rather than to compete with, reputable voluntary health insurance plans, and be it further

RESOLVED, That every state medical society be invited to study, adopt and activate these principles on the state level, and that they be submitted to the AMA Council on Medical Service and Public Relations for immediate consideration as a pattern for a national health program.

Adopted by Conference of Presidents and other Officers of State Medical Societies, December 2, 1945; referred by 1945 AMA House of Delegates to the AMA Council on Medical Service and Public Relations, December 5, 1945.

S·I·M·I·L·A·C

Similar to human milk



★The name is never abbreviated; and the product is not like any other infant food—notwithstanding a confusing similarity of names.

The fat of Similac has a physical and chemical composition that permits a fat retention comparable to that of breast milk fat (Holt, Tidwell & Kirk, Acta Pediatrica, Vol. XVI, 1933) . . . In Similac the proteins are rendered soluble to a point approximating the soluble proteins in human milk . . . Similac, like breast milk, has a consistently ZERO curd tension . . . The salt balance of Similac is strikingly like that of human milk (C. W. Martin, M. D., New York State Journal of Medicine, Sept. 1, 1932). *No other substitute resembles breast milk in all of these respects.*

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and fish liver oil concentrate.

SIMILAC } SIMILAR TO HUMAN MILK

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Debunking the Bunk about Draft Rejections

It's quite likely that the advocates of compulsory health insurance will continue to try to prove their basic premise: That the health of the American people is in a deplorable state. Professional do-gooders would have you believe that people are dying like flies of untended illness and that the cause for this terrifying condition is the interposition of a financial barrier between the sick person and the doctor, and that all that is needed to greatly elevate the standard of health in the United States is to inject government control and operation. Their most oft-repeated argument is the so-called "five million 4Fs": that the rejection by the Armed Services of this enormous number of young men reflects the deplorable state of our health as nothing else has been able to do, that private medical practice has failed, and the only remedy is socialized medicine!

Here are the facts:

1. The true figure is 4,217,000, *Not* Five Million.
2. The balance sheet:

Total rejections for physical reasons....		4,217,000
Totally blind, deaf, legless, armless....	444,800	
Mental diseases	701,700	
Idiots and imbeciles and morons.....	582,100	
Club feet and paralyses (congenital)..	320,000	
Syphilis (even under U.S.P.H.S. control)	280,000	
Hernia (congenital)	220,000	
Eye defects	160,000	
Total rejections which no program of medical care could have influenced		2,708.600
Total rejections of those who might have had preventable conditions.....		1,508,400

(In this group are those rejected for bad teeth, those who have always had cult care, and religious objectors who don't want medical care.)

With highest standards, U. S. rejection figures represent 38 per cent. With lower standards, England's rejection figures represent 50 per cent. Yet England has had compulsory health insurance for thirty-five years!!

Conclusion: It is unlikely that "the planners" would use the "five million 4F's" argument if they knew the facts—or if they were not attempting to conceal the facts.

Army Lowers Its Physical Induction Standards

Incidentally, the Army, by suddenly lowering its physical standards for induction, has deprived these propagandists of even the essence of an argument. The number of men rejected under the present standards becomes considerably less; many men who would have been rejected under previous standards are now considered fit. The Army has proven the draft statistics were without scientific foundation. The public has little or no knowledge of the measuring stick that was used, but when a nation selects the highest standard of fitness for military service that any nation has ever established, people need not be surprised if the number of rejections is greater than those of nations whose standards are considerably lower.

PRECEPTORSHIPS

In regard to the substitution of a preceptorship for residency in an ophthalmic hospital, the American Board of Ophthalmology has always accepted such training in favorable cases. During the present overcrowding of facilities, the Board expects to take a liberal attitude regarding the requirements for training.

It should, however, be pointed out that neither a residency nor a preceptorship suffices in itself to meet the requirements of the Board. Each case will still be judged on its merits in determining fitness for examination.

In entering upon preceptorship certain conditions should be kept in mind. First, the student will profit most after a sound course in the basic sciences of physiology of the eye and of vision, optics, pathology, bacteriology, chemistry, pharmacology, the relation of the eye to general disease, anatomy, embryology and neurology.

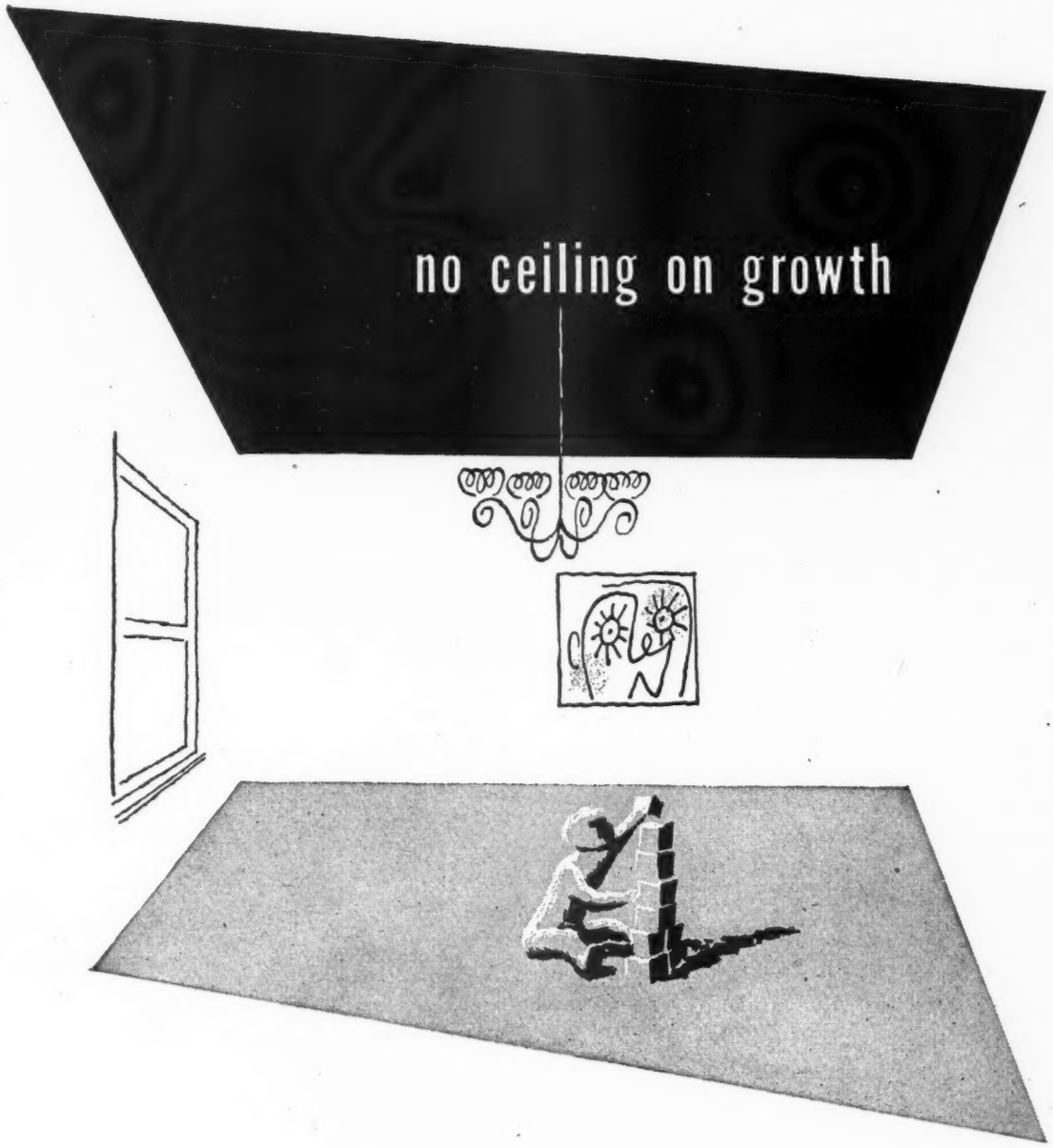
This is essential for a residency, more so for a preceptorship. While men have been accepted from preceptors not diplomates of the Board, it is obvious that the Board has more information about those teachers who have passed its examinations.

Any preceptor should understand that he is assuming a responsibility in taking a student and is not merely obtaining help in the drudgery of his office. He should be willing to give time to clinical training and the use of apparatus, slit-lamp, ophthalmoscope, tonometer and to directing the student's practice in surgery on animal eyes, assisting in operations and ultimately in the performance of them.

To cover the same amount of ground will take much longer in a preceptorship than in a residency, and students should accept opportunities to take hospital positions of all sorts as they become available.

THE SPIRIT OF MEDICINE

The true spirit of medicine is perpetually striving for higher ground, forever moving toward commendable goals. It enters the realm of the unknown in search of new truths, often revealing the cause of disease, the prevention and cure. Thus the blessings of medical science have been realized for the benefit of humanity. Medicine, animated by this spirit, seeks no reward other than freedom from bureaucratic directives, fine print bulletins, stereotyped records, incomprehensible blanks and the annoying necessity of political rating.—Editorial, *Oklahoma State Medical Journal*, April, 1946.



Since the age of two sets no ceiling on growth, and since vitamin D is constantly required for optimal absorption of bone-building minerals, continued supplementation well into childhood and adolescence beneficially influences bone structure and height.

Highly potent, convenient, natural Upjohn vitamin D preparations are available in different forms most suitable for infants, children, and adolescents.

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FINE PHARMACEUTICALS SINCE 1886

UPJOHN VITAMINS

Michigan Health Council Two Years Old

In two short years, the Michigan Health Council has undertaken a broad program for public education within the state and for close co-ordination of its activities with the national effort.

Participation in the Health Council is part of the Michigan State Medical Society public relations program.

Chief among the projects now under way through the Health Council is the organization of local community health councils. These Councils would carry the accomplishments of medical and health care to every person in the state and would co-ordinate health activities at the local level in much the same manner as has the Health Council at the state level.

The Michigan Health Council is primarily concerned with activities within the state and in this connection has made a number of contributions. Foremost among these was the sponsorship of a fact-finding survey made by the nationally recognized firm of Foote, Cone & Belding. The survey involved questioning 5,000 persons on matters pertaining to the medical and other health professions and to health care plans, both voluntary and compulsory.

The results of this survey received wide publication both in the state and nationally. However, the developments stemming from a study of this survey have been of practical benefit to the Council's sponsoring organizations. Some of these developments include:

1. Adoption by Michigan Medical Service and Michigan Hospital Service of a joint symbol to indicate that these plans are non-profit, are professionally sponsored and operated and are available to the public in one unified package. This was done because the survey showed the need for unified public education.

2. The addition of a plan by Michigan Medical Service to cover cost of *medical* care to subscribers while in the hospital. Previously only surgical services were covered. The survey showed clearly that the people wanted the additional service and would pay for it. This new service is now being tested and will be offered to additional groups as soon as sufficient experience has been accumulated.

3. A greatly increased program of public education was inaugurated. The survey pointed out very definitely that the public was astonishingly uninformed about voluntary non-profit pre-payment plans. When asked if they favored compulsory governmental health insurance, nearly 40 per cent of the people first said yes. But when they learned that alternatives such as Michigan Medical and Michigan Hospital Service were available, only 15 per cent of the people favored a governmental program. From this it was concluded that intensive public education in voluntary plans is essential.

(To be Continued)

SODA FOR WOOD ALCOHOL POISONING

Four Navy doctors, who made a study of methyl (wood) alcohol poisoning, believe the essential principle of treatment is the correction of acidosis with an alkali, such as soda.

The doctors, who reported this study in the January 12 issue of *The Journal of the American Medical Association,* are: Commander W. B. Chew, Commander E. H. Berger, Captain O. A. Brines, and Captain M. J. Capron, of the United States Naval Reserve.

Of thirty-one military personnel patients suffering from wood alcohol poisoning and under the care of these doctors, five died within three hours after admission to the hospital. The rest recovered and were returned to duty. The authors felt that their success was due to the prompt elimination of acidosis, sometimes called acid intoxication.

Methyl alcohol poisoning usually results in blindness or death. The poison seems to have a selective effect on the optic nerve and retina of the eyes. The symptoms are usually delayed for nine to thirty-six hours, during which time an individual may continue to carry on. Suddenly weakness, headache, nausea, vomiting and collapse occur. If death does not come first, then the coma may last for several days before improvement occurs. Permanent blindness is then a frequent result.

PENICILLIN LOZENGES

Seventeen instances of glossitis and stomatitis due to penicillin lozenges and troches are reported in a study conducted at the Permanente Foundation Hospital. The lozenges had the following ingredients in common: Calcium penicillin, powdered sugar and calcium stearate. The most likely offending agent is calcium penicillin. The high incidence of such reactions (up to 18 per cent) with calcium penicillin lozenges makes their use in the treatment of infections of the oral cavity inadvisable.—*Permanente Foundation Medical Bulletin,* 4:21, 1946.



DIAGNOSTIC DILEMMA

A diagnostic dilemma presents itself when the physical examination and laboratory findings are normal in the man of fifty complaining of easy fatigability, nervousness, insomnia, vasomotor disturbances and diminished recuperative power. While such symptoms may be due to psychogenic causes, failing testicular function should be kept in mind. A therapeutic test with ORETON (testosterone propionate) 25 mg. injected five times weekly for two weeks often proves the existence of the male climacteric while the patient benefits.[1]

ORETON

ORETON, male sex hormone, is available in a variety of dosage forms: for intramuscular injection ORETON Ampules (testosterone propionate) of 5, 10 and 25 mg., in boxes of 3, 6 and 50 ampules; for oral use ORETON-M Tabets (methyl testosterone) 10 mg., in boxes of 15, 30 and 100 tablets; for inunction ORETON-M Ointment in 50 Gm. tubes; and for subcutaneous implantation ORETON-F Pellets (free testosterone) 75 mg., in boxes of 1 and 3 pellets.

1. Heller, C. G., and Myers, G. B.: J.A.M.A. 126:472, 1944.

Trade-Marks ORETON, ORETON-F and ORETON-M—Reg. U. S. Pat. Off.

Schering CORPORATION · BLOOMFIELD · N. J.
In Canada, Schering Corporation Limited, Montreal

Statewide Campaign for Foundation



EARL I. CARR, M.D.
President

A statewide campaign to interest donors of gifts to the Michigan Foundation for Medical and Health Education was inaugurated by The Council of the Michigan State Medical Society and by the members of the Foundation in October 1945.

The decision to seek contributions stemmed from the offer of A. S. Brunk, M.D., retiring President of the State Medical Society, who pledged to contribute $1,000 to the Michigan Foundation for Medical and Health Education if an additional $99,000 were pledged or contributed in one year's time by Doctors of Medicine and their lay friends.

The plan of the Board of Trustees of the Foundation included the creation of a "Foundation Sponsoring Committee," composed of the Presidents and Secretaries of Michigan's county medical societies plus the members of the MSMS House of Delegates. The function of this Committee is to solicit gifts of less than $1,000 for the Foundation.

In addition, the Councilors of the State Society were appointed to interest doctors of medicine and their lay friends to become "Founders" through the donation of gifts of $1,000 or more.

The sum of $55,650.00 has been contributed or pledged to the Michigan Foundation for Medical and Health Education in the seven months since the corporation was created. The officers and trustees of the Foundation are sanguine that Dr. Brunk's proposition can and will be fulfilled by September 25, 1946.

From September 18, 1945, to March 15, 1946

Allegan County Medical Society	$ 85
Anonymous, in Memory of his Mother	1,000
Regis V. Asselin, M.D., Detroit	5
R. H. Baribeau, M.D., Battle Creek	50.
Barry County Medical Society	50
M. G. Becker, M.D., Edmore	1,000
A. P. Biddle Estate	2,933.81
Branch County Medical Society	85
C. D. Brooks, M.D., Detroit	1,000
J. D. Bruce, M.D., Ann Arbor	1,000
A. S. Brunk, M.D. Detroit	1,000
E. I. Carr, M.D., Lansing	1,000
L. G. Christian, M.D., Lansing	100
Clinton County Medical Society	50.
C. V. Costello, M.D., Holland	1,000
H. H. Cummings, M.D., Ann Arbor	1,000
A. C. Curtis, M.D., Ann Arbor	15
J. S. DeTar, M.D., Milan	1,000
Dickinson-Iron County Medical Society	80
Eaton County Medical Society	70
A. C. Furstenberg, M.D., Ann Arbor	1,000
L. J. Gariepy, M.D., Detroit	1,000
Genesee County Medical Society	1,000
Robert W. Gillman, M.D., Detroit	1,000
Grand Traverse-Leelanau-Benzie Co. Med. Soc	167.50
Gratiot-Isabella-Clare County Medical Society	125.
T. J. Heldt, M.D., Detroit	25.
Hillsdale County Medical Society	95
L. J. Hirschman, M.D., Detroit	1,000
L. E. Holly, M.D., Muskegon	1,000
Houghton-Baraga-Keewenaw Medical Society	140
R. J. Hubbell, M.D., Kalamazoo	1,000
Huron County Medical Society	55
Wm. A. Hyland, M.D., Grand Rapids	1,000
Ingham County Medical Society	572.50
S. W. Insley, M.D., Detroit	1,000
Jackson County Medical Society	350
Joint Committee on Health Education	1,000
Francis Jones, M.D., Lansing	1,000
F. H. Lashmet, M.D., Petoskey	100.
Lenawee County Medical Society	125
F. F. McMillan, M.D., Charlevoix	100.
Mason County Medical Society	35
Mecosta-Osceola-Lake Co. Med. Soc	45
H. A. Meinke, M.D., Hazel Park	50
Menominee County Medical Society	55
Michigan Medical Service	10,000
Mrs. K. B. Miner, Flint (in memory of F. B. Miner, M.D.)	1,000
H. L. Morris, M.D., Detroit	1,000
Muskegon County Medical Society	310
Cora B. Neal, Grand Rapids	1,000
Ontonagon County Medical Society	15
Wm. H. Parks, M.D., Petoskey	100.
A. W. Petersohn, M.D., Battle Creek	25.
Lawrence Reynolds, M.D., Detroit	1,000
J. M. Robb, M.D., Detroit	1,000
John Rodger, M.D., Bellaire	100.
St. Clair County Medical Society	220
G. B. Saltonstall, M.D., Charlevoix	1,000
E. F. Sladek, M.D., Traverse City	5,000
Ferris N. Smith, M.D., Grand Rapids	1,000
H. B. Steinbach, M.D., Detroit	100
R. H. Stevens, M.D., Detroit	1,000
C. L. Straith, M.D., Detroit	1,000
R. H. Strange, M.D., Mt. Pleasant	1,000
Jerrian VanDellen, M.D., East Jordan	100.
Ralph Wadley, M.D., Lansing	1,000
R. V. Walker, M.D., Detroit	1,000
H. L. Weitz, M.D., Traverse City	100
C. G. Wencke, M.D., Battle Creek	10
John O. Wetzel, M.D., Lansing	1,000
E. R. Witwer, M.D., Detroit	1,000
Margaret H. Zalen, M.D., Kalamazoo	5
	$55,648.81

(See page 446 for pledge card)

ESKADIAZINE

makes oral sulfadiazine therapy easier



ESKADIAZINE—the ideal oral sulfadiazine—has these three advantages:—

1 **Fluid Form.** This new fluid sulfadiazine is the ideal oral dosage form, especially for infants and children, and also for the many adults who object to tablet medication. Each 5 cc. (1 teaspoonful) contains 0.5 Gm. (7.7 gr.) of sulfadiazine.

2 **Exceptional Palatability.** Eskadiazine is so surprisingly palatable and pleasant in consistency that it is accepted willingly by all types of patients. Children actually like to take it.

3 **More Rapid Absorption.** The findings of a recent clinical study by Flippin and associates (Am. J. M. Sc., Aug. 1945) indicate that with Eskadiazine desired serum levels may be far more rapidly attained than with sulfadiazine administered in tablet form.

Smith, Kline & French Laboratories, Philadelphia, Pa.

S.K.F.'s new, outstandingly palatable fluid sulfadiazine for oral use

Association of Physicians with Cultists

The following statement of policy was adopted by the House of Delegates of the American Medical Association in June, 1938, and by the Michigan State Medical Society's House of Delegates in September, 1938:

Many inquiries concerning the relations of the various cults to the regular profession have been received. The inquiries pertain particularly to the osteopath and the optometrist. Some of our members are giving lectures in osteopathic and optometric schools and addresses before their societies. Some members are associated by a common waiting room in offices with them. Some members are by mutual agreement professional associates, principally in the field of surgery. There are some instances of partnership in practice. All of these voluntarily associated activities are unethical. Such relations certainly do not "uphold the dignity and honor of (our) profession" or "exalt its standards." In case of emergency no doctor should refuse a sufferer knowledge or skill which he possesses to the sufferer's harm but this is quite a different matter from that of a consultant or practitioner who by consulting or practicing with him assists a cultist to establish himself as competent and on the same basis of medical knowledge as a doctor of medicine. By the very nature of the education and training of each, a consultation with a cultist is a futile gesture if the cultist is assumed to have the same high grade of knowledge, training and experience as is possessed by the doctor of medicine. Such consultation lowers the honor and dignity of the profession in the same degree to which it elevates the honor and dignity of the irregular in training and practice. Practicing as a partner or otherwise has the same effect and objection. Teaching in cultist schools and addressing cultist societies is even more reprehensible, for such activities give public approval by the medical profession to a system of healing known to the profession to be substandard, incorrect and harmful to the people because of its deficiencies. There hardly can be a voluntary relationship between a doctor of medicine and a cultist which is ethical in character.

MICHIGAN FOUNDATION PLEDGE CARD

Name .....

Office Add..... City.....

Res. Add. ..... City.....

I hereby pledge to the

MICHIGAN FOUNDATION FOR MEDICAL AND HEALTH EDUCATION
2020 Olds Tower, Lansing 8, Michigan, for the twelve-month period beginning September 19, 1945, the sum of

TOTAL PLEDGE	PAID HEREWITH	BALANCE DUE
$	$	$

My contribution is

Please Check Your Choice [√]

(1) In Cash ☐ to be paid in the total sum ☐ or in annual payments of $.....

or **(2) In War or Victory Bonds** ☐ to be paid in the total sum ☐ or in annual payments of $.....

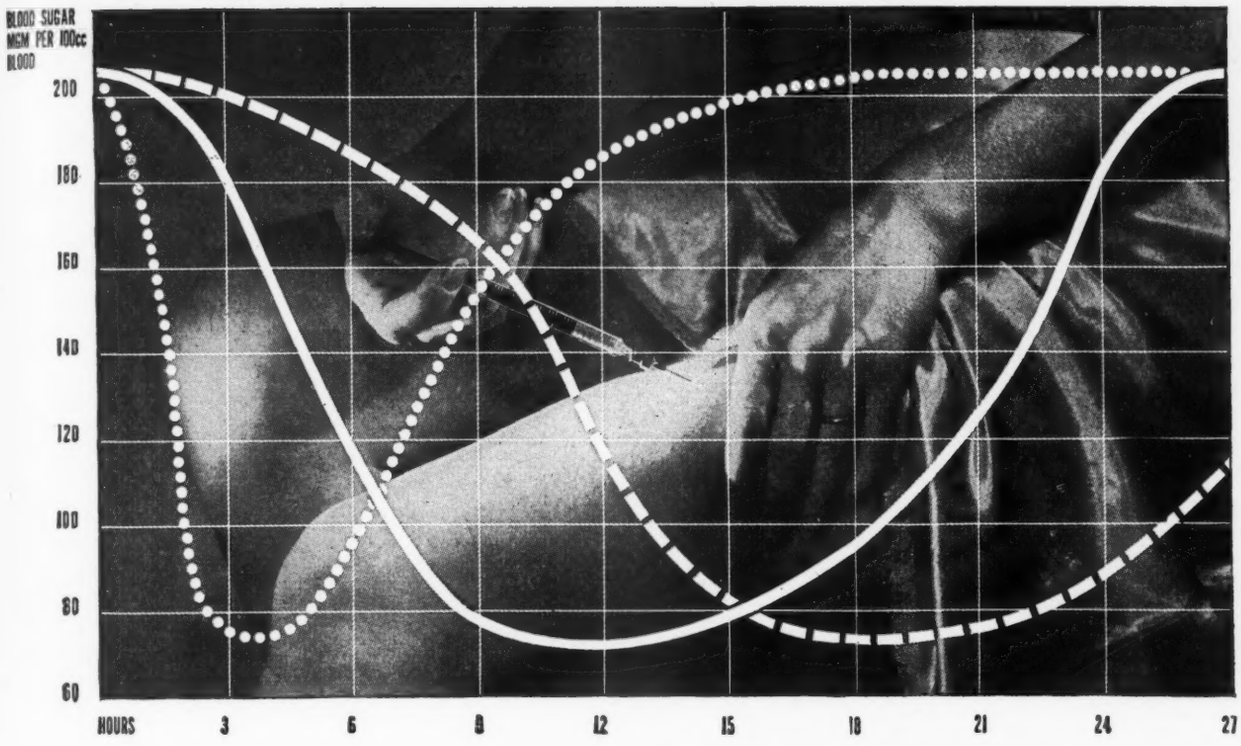
or **(3) In Life Insurance** ☐

or **(4) As a Memorial** ☐ to the memory of:

.....

or **(5) In my Will** ☐

SIGNATURE .....



Today, there are 3 types of insulin...

THE PHYSICIAN now has a new intermediate-acting type of insulin with which to treat his diabetic patients—'Wellcome' Globin Insulin with Zinc. Originally there was only quick-acting, short-lived insulin. Then came a slow-acting, long-lived form. And now with Globin Insulin he has a moderately rapid-acting agent which persists for sixteen hours or more, enough to cover the period of maximum carbohydrate intake. This activity is sufficiently diminished by night to minimize nocturnal reactions. Physicians will do well to consider the advantages of this new third insulin for their diabetic patients.

'Wellcome' Globin Insulin with Zinc is a clear solution, comparable to regular insulin in its freedom from allergenic properties.

Accepted by the Council on Pharmacy and Chemistry, American Medical Association. Developed in the Wellcome Research Laboratories, Tuckahoe, New York. U.S. Patent No. 2,161,198. Available in vials of 10 cc., 80 units in 1 cc., and vials of 10 cc., 40 units in 1 cc. Literature on request. 'Wellcome' trademark registered.

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Globin Insulin
WITH ZINC

BURROUGHS WELLCOME & CO. (U. S. A.) INC., 9 & 11 EAST 41ST STREET, NEW YORK 17, N.Y.

You and Your Business

1946 MSMS ANNUAL SESSION IN DETROIT

The 81st Annual Session of the Michigan State Medical Society will be held at the Book-Cadillac Hotel, Detroit, on Wednesday, Thursday, Friday, September 25, 26, 27, 1946.

The House of Delegates will convene Sunday evening, September 22, and will meet also on Monday and Tuesday, September 23, 24.

For hotel reservations, write the Chairman, MSMS Housing Committee, 1005 Stroh Bldg., Detroit.

* * *

HEARINGS ON WAGNER-MURRAY PROPOSAL

The Senate is conducting hearings on S. 1606, the socialized medicine bill introduced into the Senate on November 19, 1945 by Senators Wagner and Murray and endorsed by President Truman on the same day.

The American Medical Association testified before the Senate Committee on Education and Labor on April 17. The Michigan State Medical Society, as well as the Conference of Presidents and Other Officers of State Medical Associations, has requested the privilege of sending witnesses to testify at the hearing.

* * *

VA HOME TOWN MEDICAL CARE

Over 3,600 doctors of medicine in Michigan have signified their willingness to render "home-town medical care" to Michigan veterans under the contract between the Veterans Administration and Michigan Medical Service.

Doctor, if you have not signed the card sent to you by the Michigan State Medical Society, execute it today so that you may be listed as a fee-designated physician, entitled to be compensated for the medical care you render to veterans with *service-connected disabilities.*

For detailed information on procedure in connection with the VA-MMS contract, write the Michigan State Medical Society, 2020 Olds Tower, Lansing 8.

* * *

COURSES IN MEDICAL ECONOMICS, MICHIGAN

President R. S. Morrish, M.D., Flint, and Secretary L. Fernald Foster, M.D., Bay City, have concluded a lecture course for the medical students of Wayne University College of Medicine on "Medical Economics." A similar series of lectures is being given at the University of Michigan Medical School, with JMSMS Editor, Wilfrid Haughey, M.D., Battle Creek, giving one of the talks. The lectures were arranged through the co-operation of the two medical schools and the Michigan State Medical Society.

Among Dr. Morrish's topics were medical societies and what they represent, their organization, advantages of membership, how to join, importance of medical meetings and of young men taking part, medical economics, and compliances with registration laws.

Dr. Foster discussed modern medical public relations, medical legislation and accomplishments of the medical profession along socio-economic lines.

Dr. Haughey spoke on Michigan Medical Service, Michigan's home-town medical care plan with the Veterans Administration, the advantages of rural and of urban medicine, and voluntary versus compulsory plans.

* * *

IOWA POLL OF MICHIGAN PHYSICIANS RE MICHIGAN MEDICAL SERVICE

Recently Arthur E. Perley, M.D., of Waterloo, Iowa, conducted a personal, unofficial poll of Michigan physicians concerning their attitude toward the medical service plan sponsored by the Michigan State Medical Society. One hundred physicians selected at random were questioned. There were sixty returns, of which eleven were blank, leaving forty-nine replies or approximately 50 per cent. The following is an analysis of the forty-nine replies:

1. Do you think the adoption of such a plan in each state will aid in preventing the passage of the Wagner-Murray-Dingell Bill? Yes, 81 per cent; No, 8 per cent; No opinion, 11 per cent.

2. Do you like the plan you now have? Is it successful? Yes, 87.7 per cent; No, 4.3 per cent; No opinion, 8 per cent.

3. Is there a definite demand for such a plan from the public, or unions, or is it from railroads and other big industrial concerns? Public, 73.4 per cent; Unions, 30.6 per cent; Industry, 26 per cent; All three, 8 per cent.

4. What is the attitude of physicians returning from military service in regard to the plan? Yes, 36.5 per cent, No, 2 per cent; no opinion, 61 per cent.

5. What are the abuses, if any, of your plan: (a) Do patients try to take unfair advantage of it? Yes, 20.4 per cent; No, 55 per cent; No opinion, 25 per cent. (b) Are there those being benefited who should not be included in it? Yes, 16.3 per cent; No. 45.3 per cent; No opinion, 18 per cent. (c) Are there any physicians who perform unnecessary operations or make unnnecessary operations or make unnecessary visits? Yes, 6 per cent; No, 47 per cent; No opinion, 22 per cent.

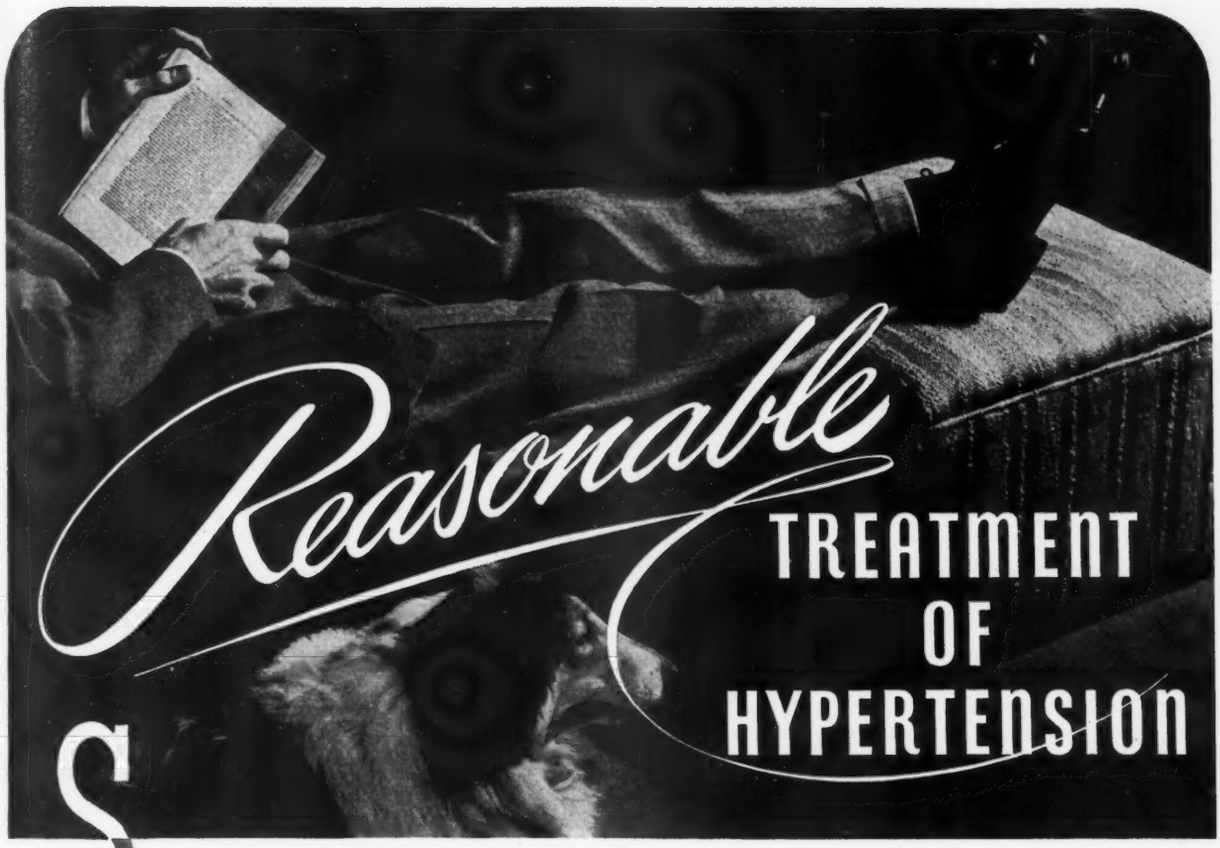
It is interesting to note that the great majority of those polled believe the plan would aid in preventing state medicine and that the great majority like the plan and thought it successful.

* * *

COMPLIMENTING THE DOCTOR

In a recent release from the Children's Bureau, U. S. Department of Labor, statistics were released showing the remarkable improvement in maternal and infant mortality for the United States during the past decade. This was the first comparative study of the nation's birth records over a period of ten years, according to Dr. Martha N. Eliot, Associate Chief of the Bureau, for

(Continued on Page 450)



Successful management of high blood pressure calls for a regimen which is adjusted to individual requirements. Physical activity is generally curtailed and overwork is avoided. In certain circumstances special diets are prescribed and the use of stimulants is restricted.

These measures are often supplemented with the administration of Theominal. This combined vasodilator and sedative aids in reducing blood pressure to a more normal level. As a consequence hypertensive symptoms are relieved and the risk of complications is reduced.

DOSAGE: The customary dose of Theominal is 1 tablet two or three times daily; when improvement sets in the dose may be reduced. Each tablet contains theobromine 5 grains and Luminal* ½ grain.

*Luminal (trademark), Winthrop Chemical Company, Inc., brand of phenobarbital.

WINTHROP **Theominal**
Reg. U. S. Pat. Off. & Canada

Supplied in bottles of 25, 100 and 500 tablets.

Winthrop CHEMICAL COMPANY INC.
Pharmaceuticals of merit for the physician
NEW YORK, N. Y.
WINDSOR, ONT.

COMPLIMENTING THE DOCTOR

(Continued from Page 448)

prior to 1933, data for such a comparative statistical review covering all of the states were not available.

In the ten-year period from 1933 to 1943, the birth rate rose 30 per cent, the infant mortality rate was reduced almost one-third while the maternal mortality rate was slashed more than one-half. "The infant mortality rate was reduced from fifty-eight to forty deaths per 1,000 live births, and in the same period the maternal mortality rate dropped from sixty-two to twenty-four deaths per 10,000 live births, a decline of 61 per cent."

According to Dr. Eliot, "The major credit for this remarkable record goes to the doctors, those in private practice and in public service, for the work they have done in their care of women during pregnancy, and the improved care they are able to give at childbirth, after delivery, and in the dangerous early days and months of the baby's life. Improvements in hospital care also come in for a large part of the credit."—Editorial, *Illinois Medical Journal*, January, 1946.

* * *

NEW PROGRAM TO TRAIN OCCUPATIONAL THERAPISTS

A program for the training of occupational therapists, recently inaugurated at Wayne University, has gotten into full swing with the arrival on campus this semester of Barbara Jewett, assistant professor of occupational therapy, who now is in charge of the professional training of these specialists. The new program, Wayne University officials point out, is an especially important one because of its relationship to the rehabilitation of disabled veterans. The need for skilled occupational therapists, however, is expected to continue indefinitely in postwar years.

Miss Jewett comes to Wayne University with an extensive background of training and experience in occupational therapy. She received her professional degree from the Boston School of Occupational Therapy, which is affiliated with Tufts Medical School. Previously she had been active in educational work as a teacher following graduation from Indiana State Teachers College. After extensive therapy work with crippled children, Miss Jewett organized, and was head of, the department of occupational therapy at the University of Kansas. During the war Professor Jewett was in charge of this work at Schick Veterans Hospital, Clinton, Iowa.

Utilizing the facilities of the medical, education, and liberal arts colleges, the program in occupational therapy at Wayne leads to a bachelor of science degree. In addition to the academic work there is approximately nine months of clinical practice required, for which arrangements have been made with Herman Kiefer, Harper, Children's, and Grace Hospitals in Detroit; the Detroit Orthopedic Clinic; the Maybury Tuberculosis Sanitarium at Northville; the Ypsilanti State Hospital; and Seymour hospital at Eloise.

The institutional and community resources available for training in this area afford exceptional opportunities for students desiring to enter this field, according to Miss Jewett. Graduates will be qualified for positions in hospitals, clinics, sanitariums, institutions for the mentally ill, and schools for handicapped children and home-bound cripples.

Support for the program at Wayne is given by the Michigan Society for Crippled Children and through a co-operative plan with the Detroit Orthopedic Clinic. Tentative approval has been given the curriculum by the American Occupational Therapy Association and the American Medical Association. Final approval by these organizations must, according to practice, await graduation of the first class.

* * *

FURTHER ANALYSIS OF S. 1606

Title I, Part A provides (a) that Congress shall appropriate each fiscal year a sum sufficient to assist the states in developing effective measures for the prevention, treatment and control of veneral diseases; and (b) that the sum of $10,000,000 be appropriated each fiscal year for the purpose of assisting the states in prevention, treatment and control of tuberculosis.

Authority already exists for Congress to appropriate money for these purposes under Section 601, Title VI of the Social Security Act (Public Law, Title 42, Section 246). In the annual Public Health Report for 1944 it is stated that payments to the states for general health work under Title VI of the Social Security Act totaled $10,000,000 and in addition, for the control of the venereal diseases, 9,700,000. Legislation approved July 1, 1944 (Public Law, Title 42, Section 246 (b)) made available to the Public Health Bureau an appropriation of $10,000,000 for the fiscal year of 1945 for tuberculosis control. Therefore these two sections of the Wagner Bill contribute nothing new.

Part C of the bill, providing for grants to states for medical care of needy persons, is the only really new material of Title I. All the other sections might be said to have been used as window dressing for Title II. A bill drafted without these preliminary sections would be far less attractive and would not be likely to gather much public support.—Council on Medical Service and Public Relations, Washington office.

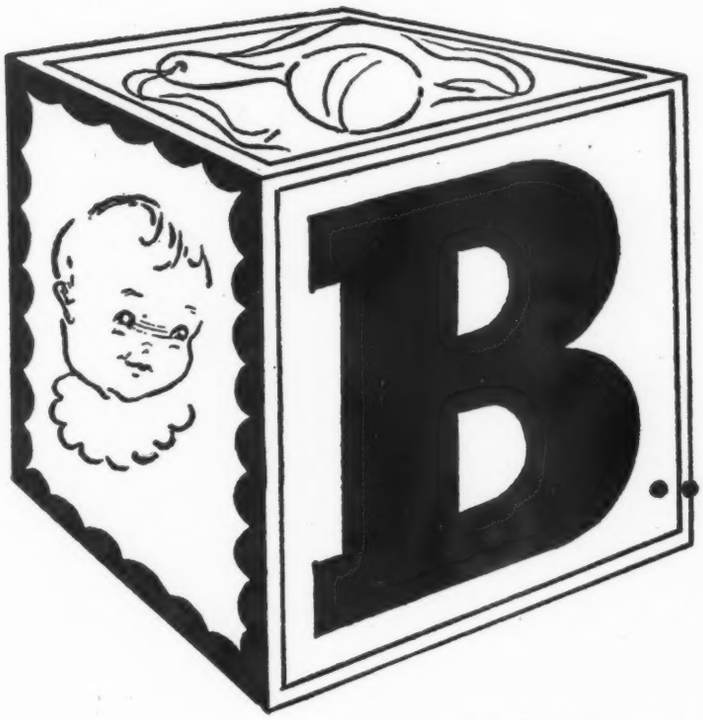
* * *

NATIONAL HEALTH INSURANCE IN ENGLAND

National Health Insurance has existed in England since 1911, when it was passed under the sponsorship of the premier, Lloyd George. It met with much opposition from the medical profession, and there were many doctors who refused to take a panel. Wherever the system threatened to fail because of professional opposition, the government placed young medical graduates in the locality. This was not difficult, because in England a doctor must buy a practice when he starts, and there were many young graduates who grasped the chance to acquire a practice, even a panel one, without having to pay the regular charge of $12,000 to $40,000.

National Health Insurance includes every wage earner, male or female, married or single, between the ages of

(Continued on Page 452)

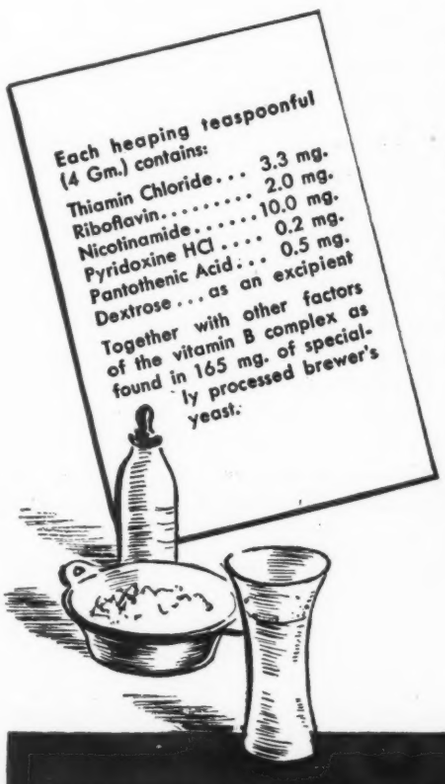


...for BABY

• We had your young patients in mind . . . the infant on a formula and the child who has difficulty taking capsules or tablets . . . when we developed these readily soluble, palatable *granules* of VITAMIN B COMPLEX—a preparation which lends itself to flexibility of dosage as required in pediatric practice.

• "BEMINAL" Granules may be added to the baby's formula, sprinkled on cereal, or dissolved in fruit juices, milk or any other liquid. Older children may prefer to take them dry.

Available in bottles of 4 ounces.



"BEMINAL" Granules, No. 925

REG. U. S. PAT. OFF.

Ayerst

NATIONAL HEALTH INSURANCE IN ENGLAND

(Continued from Page 450)

14 and 64 with an income less than 420 pounds, ($1,680). The fees are deducted automatically from the pay check, therefore it is compulsory.

When the insured is unemployed the state pays the insurance, *provided he is on the dole.* At age sixty-four he stops payment and is insured for life, and receives the old age pension. Persons who do not receive their payment in the form of a wage must pay separately every quarter.

The 420-pound limit means 90 per cent of England is included.

A successful, busy practitioner can handle a panel of 2,000. (The upper limit fixed by law is 2,500.) A panel of 2,000 yields a yearly income of somewhat over 1,000 pounds ($4,000). This may be increased by issuing "certificates of disability" to the small percentage who cannot work at one shilling each. With a panel of 2,000 the doctor sees about thirty patients a day so that his pay is about two shillings for an office or house call. This takes the doctor from 9:00 a.m. to 8:00 p.m.

Inspectors come around regularly to inspect the doctor's records. If they fail to pass, a fine of 100 to 200 pounds is assessed without further process. According to the law the doctor may do for his patient only what is within the province of the general practitioner, and he must prescribe from a group of inexpensive drugs, subject to a fine, which may be as high as 1,000 pounds. If a patients needs an operation he is sent to a hospital where only a recognized person with specialized training may operate. The fee for an appendectomy nets one pound.

The wage earner's dependents have to be provided for through a Public Medical Society, or club, which hires an accountant, collectors and typists. The average number of persons assigned to a doctor is 1,000 at four pence a week.

When the state operates the system as the panels the doctor gets 12.5 per cent of the money taken in, the balance going to administration, but these Public Medical Societies are operated by the doctors themselves and 80 per cent goes to the doctors, 12.5 per cent to the collectors and 7.5 per cent to the accountant. By having 1,000 club patients the doctor gains about 660 pounds a year. These are mainly women and children, and while only half the number of the regular panel they account for thirty calls a day. If the doctor can also see ten private patients a day he may add four to five hundred pounds a year to his income, making a total of 2,000 ($8,000).—Extracted from a reprint from the *J.A.M.A.*, 130:226 and 227, (Jan. 26) 1946.

* * *

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

General oral and pathological examinations (Part II) for all candidates will be conducted at Chicago by the entire Board, Monday, May 6, through Saturday, May 11, 1946, at the Palmer House. Formal notice of the exact time of each candidate's examination will be sent him well in advance.

Candidates for re-examination in Part II must make written application to the Secretary's office by April 15, 1946. Deferments without time penalty under a waiver of published regulations applying to civilian candidates will be granted if a candidate in service finds it impossible to proceed with the examination of the Board.

Candidates in military service should keep the Secretary's office informed of any change of address.

Applications are now being received for the 1947 examinations. For further information address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh 6, Pennsylvania.

* * *

NEW EMIC INFORMATION

As of October, 1945, new regulations are in effect in the Emergency Maternity Care program, and the doctors were not consulted in their promulgation. This is undoubtedly a preview of what is in store if the Pepper Bill passes.

Under the Emergency Maternity and Infant Care Program a wife is eligible for care received after the induction of her husband regardless of her husband's status at the time of application if at any time during her pregnancy the husband was in one of the four lowest pay grades or an aviation cadet. An infant under one year of age is eligible for care, regardless of the father's status at the time of application, if at any time during the infant's prenatal period or first year of life the father was in one of the four lowest pay grades or an aviation cadet. Exception: Applications made after *dishonorable* discharge of the husband or father cannot be approved.

Medical maternity care includes care during the prenatal period, delivery and postnatal period; care of obstetrical complications; and care of the newborn infant during the first two weeks of life (including circumcision if done during the first two weeks).

Hospital maternity care includes ten days' care at the time of delivery and any other necessary hospital care because of obstetrical complications during the prenatal or postnatal period.

Nursing care in case of serious complications are also included together with care of intercurrent non-obstetric complications, during pregnancy and the six week puerperium, as home and office calls for pneumonia or such complications or operations by qualified surgeons.

Medical, hospital and nursing care for the infant under one year and immunization against whooping cough, diphtheria and smallpox.

The physician must properly and completely fill out the application blank and verify the status of the husband.

Fees to the attending physician are for complete maternity care, $50.00. That includes all medical obstetric services from the effective date of authorization until approximately six weeks after delivery. If rendered under separate services the prenatal care must be at least five visits at $3.00 per visit, but not to exceed $15.00. Delivery, care of the infant for two weeks including cir-

(Continued on Page 454)

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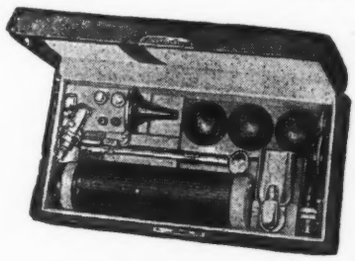
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NEW EMIC INFORMATION

(Continued from Page 452)

cumcision, if done, $30.00. Postpartum examination $5.00. No other payments may be made to the physician for care of the patient if she develops obstetric complications. All obstetric or surgical service by the attending physician is included in the basic fee.

A consultant may be paid $50.00 for major surgery. This pamphlet is available from the Michigan Department of Health, and one should be obtained if EMIC work is done. The rates are ridiculous.

* * *

S. J. RES. 137

In the Senate of the United States on January 29 (legislative day, January 18), 1946, Mr. Morse introduced the following joint resolution, which was read twice and referred to the Committee on Education and Labor.

Joint Resolution

To authorize the Secretary of Labor to make certain studies of the health of school children, and for other purposes.

RESOLVED by the Senate and House of Representatives of the United States of America in Congress assembled, That the Secretary of Labor, acting through the Children's Bureau of the Department of Labor, is authorized, in co-operation with Federal, State, and local agencies and qualified institutions of higher education, (1) to make studies of the health and physical status of children of school ages; (2) to make studies of the facilities and services offered by schools for the correction of physical defects of children of school ages; and (3) to recommend the use of, and to demonstrate in representative urban and rural areas, methods of conducting school health examinations and providing school health services.

SEC. 2. For the purpose of defraying the expenses of the Department of Labor in carrying out the provisions of this joint resolution and providing funds for direct grants by the Secretary of Labor to State departments of health, State departments of education, and qualified institutions of higher learning, co-operating with him in carrying out the provisions of this joint resolution, there is hereby authorized to be appropriated, out of any money in the Treasury not otherwise appropriated, $100,000 for the fiscal year ending June 30, 1946, $450,000 for the fiscal year ending June 30, 1947, and $450,000 for the fiscal year ending June 30, 1948.

EDITOR'S NOTE.—This Joint Resolution is published in full to ask a question of our thinking members. Is this another opening wedge to place the department of labor in the practice of medicine the same as EMIC?

INCREASED AID TO COUNTY HEALTH DEPARTMENTS

County and district health departments, exclusive of cities, expend approximately $1,800,000 per year in the maintenance of public health services. Of this amount, $392,433 is provided by the federal government, $862,000 by boards of supervisors, $400,000 by private agencies and only $185,000 is provided by the state.

Private funds will eventually be withdrawn and there is a possibility that federal funds might be sharply curtailed. The state government will have to increase its contributions to absorb this possible reduction of approximately $800,000 in federal and private funds. The $185,000 at present allotted by the state provides assistance to forty-five county departments of health that are already established.

BLUE CROSS PLANS FALLING OFF?

Wagner, Murray, Dingell and Truman as well as labor, the spokesman at the Conference on Medical Services in Chicago February 10, 1946, have all mentioned voluntary service plans, and passed them off with the statement that they are inadequate, and after all their registration is falling off, and we cannot wait for them to cover the nation. The facts are that the Blue Cross had one million members in 1937, five million in 1940, ten million in 1942, fifteen million in 1944 and twenty million in 1945. That does not show falling off, but a doubling in three years.

SOCIAL SECURITY THE AMERICAN WAY

The Insurance Economic Society of America published a reprint of an article in the Savings Bank *Journal*, November, 1945. It says the American people have built up a backlog of savings as follows:

Savings (Cash, time deposits, U. S. Bonds, demand deposits)	$146,000,000,000
Real estate	40,000,000,000
Share holders (Stocks, etc.))	40,000,000,000
Life Insurance (present value)	35,000,000,000
Total	$251,000,000,000

Estimated National wealth in 1938 was.....$309,000,000

They estimated that at the end of 1944 more than 40,000,000 persons were covered by health and accident insurance. In 1920 this was 8,000,000 and in 1934 it was 8,000,000.

It was also estimated that at least four or five million people have some protection against the unexpected costs of medical care through Industrial plans, 47 per cent; Medical Society plans, 28 per cent; Private group clinics, 15 per cent; Government plans, 7 per cent; Consumer-sponsored plans, 5 per cent and others, 2 per cent.

NEED FOR MEDICAL BOOKS IN MANILA

The Academy International of Medicine and Dentistry, Liberty Building, Topeka, Kansas, is attempting to supply the destroyed library of the University of Manila with sufficient books to enable the school to operate. The Japanese destroyed the university and its equipment until no piece of usable equipment remains. Doctors are invited to donate books that may be sent to Manila. Many have already been sent. In an effort to avoid duplication and to send material that is critically needed, all gifts should be cleared through the Academy in Topeka. If the donor would rather give cash, arrangements have been made to purchase books at cost, and the check should be made to the University of the Philippines, School of Medicine, Manila Library Fund.



THYROBROM,* a brominated thyroid in tablet form, provides every pharmacological action afforded by thyroid U.S.P., with a minimum of toxic effects that ordinarily attend the administration of plain thyroid.

The therapeutic effectiveness of THYROBROM, and proof of its clinical advantages, are set forth in a recently published paper reporting a controlled study of 60 obese cases.[1] Administered in the same dosage as thyroid U.S.P., THYROBROM proved to be:

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Each THYROBROM tablet contains *brominated* thyroid 2 gr., made from the finest grade of clean, fat-free, desiccated whole thyroid. THYROBROM'S iodine content, 0.2%, equals the U.S.P. standard for thyroid.

THYROBROM may be prescribed in hypothyroid obesity or in any indication for thyroid U.S.P. It may be tried in cases in which thyroid U.S.P. is not well tolerated.

ADMINISTRATION: Adults—½ to 1 tablet (1 to 2 gr.) daily, preferably given in the morning. Dosage may be gradually increased to meet individual requirements, but should seldom exceed 4 gr. per day. Discontinue if untoward symptoms arise. Therapy should be controlled by periodic examination. Any thyroid preparation is contraindicated in cardiac disease, adrenal cortex insufficiency, hypertension, diabetes and hypothyroidism secondary to pituitary dysfunctions.

HOW SUPPLIED: Bottles of 30 tablets, grooved for easy division.

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[1] *M. Rec.* 158:420, 1945

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War Medicine

ARMY-NAVY MEDICAL PROCUREMENT AGENCY SETUP

In order to assure the interchangeability of medical equipment between the two services and to unify purchases of medical supplies, an Army-Navy Medical Procurement Agency has been set up and is now in operation in New York City.

The agency is the outgrowth of a study of the feasibility of unifying all Army-Navy procurement made during the war by Colonel (later Brigadier General) William H. Draper, AUS, and Captain (later Rear Admiral) Lewis L. Strauss, USNR, at the instruction of the Secretary of War and the Secretary of the Navy.

The buying policies under which the agency operates will be determined by a board of four officers, two from each service, and will be under supervision of the Army-Navy Munitions Board. A single laboratory has been set up for testing.

A supply list has been compiled of medical supplies used by both services, arranged so as to permit easier identification of supplies used by either service. Exchange of any surplus which may occur is facilitated and relief from temporary shortage of a specific material may be obtained by checking with the other service.

As a result of standardization, about 85 per cent of the 3,000 items regularly stocked by the Army have been found susceptible to use by the Navy. In some cases Navy specifications will be changed to conform to the Army's and in others the Army's will conform to the Navy's. Certain items, such as operating room equipment for use on board ship, are peculiar to the Navy, while veterinary supplies are peculiar to the Army.

* * *

GENERAL KIRK OUTLINES THE REMAINING TASK

The care of the war's wounded is only a part of the medical responsibility of the Army Medical Department, with five thousand neuropsychiatric patients, one thousand tropical disease patients, and three hundred blinded soldiers still in Army hospitals, Major General Norman T. Kirk, Surgeon General of the Army, said in a recent talk at the annual dinner of the Society of Surgeons of New Jersey.

"In the nine centers specializing in hand and plastic surgery, there are 11,500 patients needing an estimated 31,000 operations," General Kirk pointed out. "The plastic surgeons who had been working twelve to fourteen hours daily, six days a week, to carry this load were most of them eligible for separation on points. It was necessary to freeze them in the service. I explained to them why we had to do it. They understood, and they are still doing their job.

"Wherever American soldiers are on duty anywhere in the world, there must be medical officers with them. The flow of battle casualties has mercifully ended. But young men are still subject to all the usual diseases, from colds in the head to acute appendicitis. They are still subject to accidents . . . they still must be protected against tropical disease. They still must be protected from the diseases born of wartime devastation and malnutrition. They still must be looked after at staging areas and on their way home. They still must be examined most thoroughly at separation centers, both for their own sakes and for the sakes of the taxpayers who will later foot the bill for errors, as well as for genuine disabilities. Those who will replace them at home and overseas must still be examined at induction centers. Prisoners of war must still be cared for. Displaced persons are frequently medical problems before they are anything else."

In 1940, just after the fall of France, the General said, the United States Army consisted of approximately 250,000 men and the Medical Corps of about 1,600 officers, of whom nearly 75 per cent were in the Regular Army. By December 7, 1941, there were 1,613,000 men in the Army and 11,390 officers in the Medical Corps. Although the increment in the Army was chiefly through the Selective Service, that of the Medical Corps consisted entirely of volunteers.

"In short, the Medical Corps can no more be permitted to fall apart, to 'demobilize by demoralization,' than can the rest of the Army," General Kirk concluded. "The hardship to be borne by men who must remain in uniform longer than they like is simply an essential part of what has gone before. It cannot be evaded without placing in jeopardy the victory won in combat. It is indispensable to the completion of the job."

* * *

SN-7618 EFFECTIVE ANTI-MALARIAL DRUG

The new anti-malarial drug, SN-7618, which the Army Medical Department played an important part in developing, has been found to be superior in many ways to quinine or atabrine, according to a recent announcement by the Office of The Surgeon General.

Studied in collaboration with the Interservice Board for the Co-ordination of Malarial Studies, SN-7618 was tested in experiments at Harmon General Hospital, Longview, Texas, and Moore General Hospital at Swannanoa, North Carolina, in addition to some overseas theaters of operations.

Designed to obtain information on the value of the drug in controlling the symptoms and fever occurring in acute attacks of malaria, these studies included the observation of more than 600 malaria-stricken soldiers, who were administered different amounts of the drug in from one to seven days. When notations had been made of symptoms such as the passing of the fever and the disappearance of malarial parasites from the blood stream, the patients were kept in the reconditioning section to determine the possibilities and time interval for relapse.

Comparisons were made of the results with those obtained in similar studies of atabrine, quinine and other

(Continued on Page 458)



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Since no field is more subject to the dangers of "glamorizing" and lay "experting," the Institute in all its appeals stresses the necessity of "seeing your physician" as the first step in the improvement of poor body mechanics. Distribution of authentic literature through schools, colleges, medical and government bodies; and industrial, professional and civic public health groups is an important part of the program. Press and radio give serious coverage.

We hope to merit the continued cooperation of the medical profession during the first post-war observance of National Posture Week as peace presents its varied problems to those charged with maintaining the health of the nation.



FREE: These two heavily illustrated booklets on posture prepared especially for distribution by physicians to their patients. Their titles are: "The Human Back . . . its relationship to Posture and Health" and "Blue Prints for Body Balance." Ask for the quantity you need on your professional letterhead. THE SAMUEL HIGBY CAMP INSTITUTE FOR BETTER POSTURE, Empire State Bldg., New York 1, N. Y. Founded by S. H. Camp & Company, Jackson, Mich.

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SN-7618 EFFECTIVE ANTI-MALARIAL DRUG

(Continued from Page 456)

new drugs. It was found that one day's treatment with SN-7618 promptly controlled fever and other symptoms and that the parasites rapidly disappeared from the blood.

* * *

COMMITTEE INVESTIGATING JAPANESE MEDICAL SCIENCES MAKES FINAL REPORT

The final report of the Committee for the Technical and Scientific Investigation of Japanese Activities in The Medical Sciences has been received by the Army Medical Library, according to a recent announcement.

Established in Manila by the office of the Chief Surgeon, the Committee visited every city of importance in medical education and every first-class medical institution in Japan, during a three-month period.

They were unable to examine and properly evaluate all of the many claims of scientific interest made by the Japanese. Some of these claims were not accepted as factual, but were considered of interest and reported. The material examined included Literature and information concerning all sorts of medical activity over the past twenty years.

* * *

COLLEGE OF MEDICINE DECELERATES PROGRAM

Wartime acceleration of instruction at the Wayne University College of Medicine is to be abandoned as rapidly as possible in favor of a return to the normal peacetime program.

A change was indicated, when the military recently canceled its wartime contracts with the College of Medicine for the training of physicians and surgeons.

The deceleration of the program is to be made complete with the close of the 1946-47 academic year. The first break from the accelerated schedule will occur when the current semester closes at the end of March.

The period from April 1 through June 30 will be devoted exclusively to refresher and graduate programs for returning veterans. Undergraduate instruction will resume during June. During the academic year 1946-47 work will be adjusted so that the year will terminate simultaneously with that in other colleges and schools in the University.

* * *

VETERANS ADMINISTRATION STATE CONTACT OFFICES

(Continued from Page 426)

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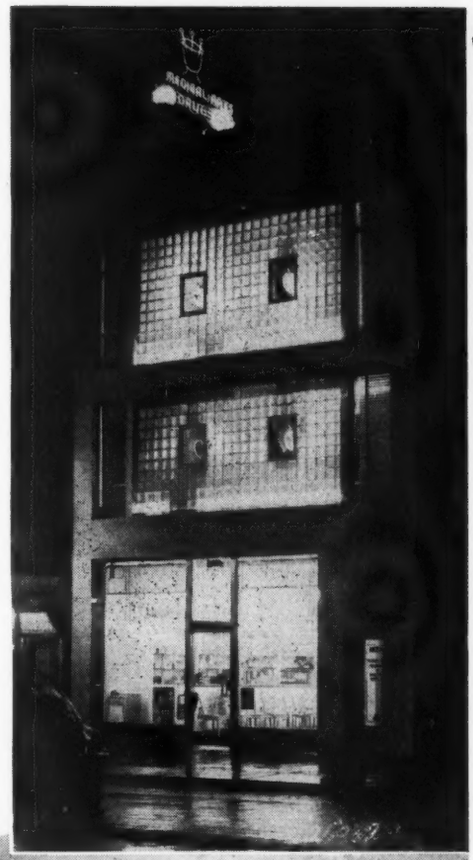
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Editorial Comment

WELCOME HOME, DOCTOR

Doctors who served in the war are coming home in considerable numbers now, and in many communities you can hear sighs of relief plus the frequent remark: "Well, thank heaven, I can get sick now." Welcome-home editorials are appearing in local newspapers as favorite physicians return; testimonial dinners are being thrown profusely; the medical veterans are being invited to address Rotary, Kiwanis, et cetera, luncheons; and all this and that.

It's all very nice, and no doubt the doctors are pleased. We think, however, that we have an idea for a welcome-home program which any community can stage, and which should be of substantial benefit to the doctors so welcomed.

In honor of each physician who comes back from the wars, how about a Pay The Guy What You Owed Him When He Left If You Owed Him Anything movement?

Most doctors are poor bill collectors. Many people let the doctor's bills go till the last. Many others just nonchalantly forget about the doctor's bills—and squawk fiercely if he squawks at all. It all adds up to the fact that on practically every doctor's books are large amounts in unpaid bills. He could very conveniently use that money after several years in service on modest service pay.

No bands, luncheons, reception committees, et cetera, are needed for this Pay The Guy, et cetera, movement. All that is required is a mass migration to the mailboxes by doctors' debtors with envelopes containing checks or money orders in their hands. The ceremony is guaranteed to make the debtor as well as the doctor feel better.—*Collier's*, March 15, 1946.

HEARINGS ON WAGNER-MURRAY-DINGELL BILL ANNOUNCED

The Senate Committee on Education and Labor announced that it would begin hearings on S. 1606, the latest Wagner-Murray Bill on March 18.* This was a tentative date. Senator Wagner is ill and Senator Murray is in the West just now, so permanent arrangement of a calendar of hearings cannot be made until Senator Murray returns. The first witnesses to be invited to testify are likely to be representatives of Government bureaus. Our latest information is that medical witnesses will probably be heard during the third week of the hearings.

*This was changed to April 2.

The members of the Senate Committee on Education and Labor are:

Democrats—James E. Murray, Montana, Chairman; David I. Walsh, Massachusetts; Elbert D. Thomas, Utah; Claude Pepper, Florida; Allen J. Ellender, Louisiana; Lister Hill, Alabama; Dennis Chavez, New Mexico; James M. Tunnell, Delaware; Joseph F. Guffey, Pennsylvania; Olin D. Johnston, South Carolina; J. W. Fulbright, Arkansas.

Republicans—Robert A. Taft, Ohio; George D. Aiken, Vermont; Joseph H. Ball, Minnesota; H. Alexander Smith, New Jersey; Wayne Morse, Oregon; Forrest C. Donnell, Missouri.

Progressive—Robert M. LaFollette, Jr., Wisconsin.

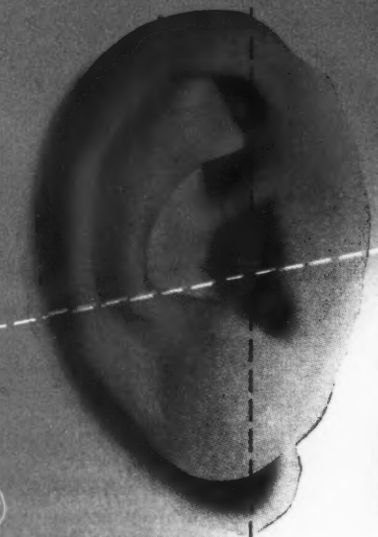
COMPULSORY HEALTH INSURANCE

There have been two rather interesting developments in the program of compulsory health insurance as outlined by President Truman in his last message to the Congress, one of which has to do with the reaction of the members of Congress to this proposal. A very recent newspaper article indicated that the vote in the Congress was in the ratio of seven to four against compulsory health insurance, approximately one-third of the members of Congress having been contacted in this poll. However, the observer would note in reading this particular despatch from Washington, that the majority of the members of Congress who spoke against compulsory health were members of the Republican party and naturally they could be expected to be antagonistic to any proposal of the Democratic president. *It is earnestly to be hoped that physicians in this country will not be deceived by this report and relax their efforts to combat state medicine.* After all, the Republicans are much in the minority and the figures given probably do not represent the actual voting strength of those who have to make the decision when compulsory health insurance, probably in the form of the Wagner-Murray-Dingell Bill, is presented to Congress. We still should continue wholeheartedly and with all our effort to let our Congressmen know how we as doctors feel about compulsory health insurance and fight this measure to the limit of our ability.

A second poll, called the poll of experts, has been published in the American Magazine. These experts voted sixty to forty in favor of compulsory health insurance. Here again a distorted picture is presented by the poll because, of the so-called experts, a large number consist of men who have been active proponents of compulsory health insurance. Truly it might be said that sixty to forty voting represented a very favorable opinion against the ideas of having a compulsory health system with all the demerits that the plan calls for, because, as was said before, these experts represent to a very large extent a group who would be expected to vote in favor of com-

(Continued on Page 462)

for topical treatment of otologic infections

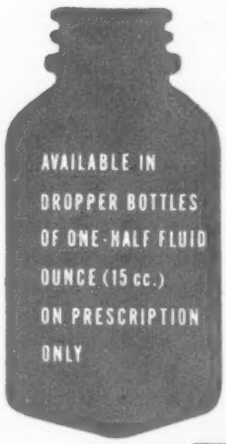


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1. Strakosch, E. A. and Clark, W. G.: Minn. Med., *26*:276-282 (March) 1943.
2. Tsuchiya, H. M., et al.: Proc. Soc. Exper. Biol. and Med., *50*:262-266 (June) 1942.

COMPULSORY HEALTH INSURANCE

(Continued from Page 460)

pulsory health insurance. It should be noted that the members of Congress or those who are classified as "experts" are almost entirely in favor of medical care to people at a price that they can afford to pay but most physicians agree that voluntary methods can take care of medical service to the lower income group and they will not have the inefficient and extravagant bureaucratic administration that can be counted upon if health insurance is made obligator and compulsory by an Act of Congress for all wage earners.—Editorial, *New Orleans Medical and Surgical Journal,* February 1946.

WHO ARE THE BACKGROUND AGENTS OR AGENCIES SPONSORING THE WAGNER AND AND SIMILAR BILLS?

Since Senators Wagner and Murray have become such prominent protagonists of their theories—(a polite term for some of their promulgations)—it should be evident that they must have had behind them or have been associated with advisers, understudies or assistants who gave them the material they have seen proper to incorporate in drafts of legislation espoused by them.

If so, in turn, the query may be put: "Who are some of the persons, groups or organizations that have given or suggested to Senator Wagner of New York, Senator Murray of Montana, and Congressman Dingell of Detroit, the information and material contained in the drafts of their respective bills?

On this point, the *Journal of the American Medical Association*—(J.A.M.A., Dec. 1, 1945, p. 951) states:

"According to Arthur Sears Henning, 'the compulsory health insurance plan is chiefly the brainchild of Isidore S. Falk, research director of the Social Security Board, and Michael M. Davis, a member of the CIO Political Action Committee.' "

An interesting article in *Medical Economics* (November, 1945, p. 36) refers to:

"A 'master plan' of the International Labour Organization for socializing medicine in all countries of the world. No pipe-dream, this plan is already responsible for the establishment of state medicine in Chile and in New Zealand! Still more significant—though not generally known—is the fact that the Wagner-Murray-Dingell Bill in this country was written largely by ILO (International Labor Organization) leaders and that those same leaders are a powerful element in the current campaign for its passage."

From the same article:

"What Americans serve among these experts? For medical planning, there are at least three (none of them physicians): Arthur J. Altmeyer, chairman of the United States Social Security Board; Isidore S. Falk, director of the SSB's Bureau of Research and Statistics; and Wilbur Cohen, its assistant director."

Also, from this article, another paragraph, with an illuminating footnote:

"Of particular significance to the medical and allied professions is the International Labour Conference held in Philadelphia in 1944. At that session delegates* adopted a medical care recommendation embracing 114 detailed proposals to guide the member states in developing their health services. A majority of the 114 proposals are embodied directly or by implication in the Wagner-Murray-Dingell bill of 1945 (S. 1050)."

* * *

Physicians should give the President's Message and S. 1606 Careful Thought.—It is important that physicians keep in mind the background activities above referred to, since, if as stated, outside lay forces are the insidious or other promoters of the persistent propagandist campaigns on the desirability of having the United States legally adopt "Compulsory Health Insurance" (Compulsory Sickness Insurance) it follows that Doctors of Medicine practicing in the United States should immediately and collectively become aware of that important fact!

Otherwise, as in recent years, hundreds of thousands of Americans will continue to be misled through the unsound philosophies and misinformation so insistently put forward by the proponents of a regimented, compulsory system of medical care.

If legislation such as has been proposed by Senators Wagner and Murray is enacted into law, the physical and other welfare of present and future generations of Americans will be greatly imperiled! Physicians cannot evade their responsibility to aid in preventing such a calamity. Something more than "alertness against sabotage" is indicated.

It behooves physicians, everywhere, to study the implications contained in President Truman's message, and equally important, its legislative symbol, as expressed in the Wagner-Murray bill, S. 1606, which by indirection, now has the sanction of the Chief Executive of the United States.

To recapitulate:

(1) What kind of a medical profession would S. 1606 produce in the days to come?

(2) What kind of medical care would future generations of Americans receive under the proposed laws? These are questions worthy of serious thought by all Americans.

The U. S. delegation was composed of the following persons (none of them physicians) representing the groups specified:

Government—Senator Elbert D. Thomas (D., Utah), delegate; Assistant Secretary of State Adolphe A. Berle, Jr., substitute delegate for Miss Frances Perkins, the official delegate; Frieda S. Miller, Otis E. Muliken, Charles W. Taussig, A. Ford Hinrichs, and Isadore Lubin, Advisers.

Management—Henry L. Harriman, former president, U. S. Chamber of Commerce, delegate; Henry S. Dennison, Charles Redding, and Clarence G. McDavitt, advisers.

Labor—Robert J. Watt, American Federation of Labor, delegate; William Green, president, American Federation of Labor; Adviser; George Meany, adviser.—Editorials, *Journal, California and Western Medicine.*

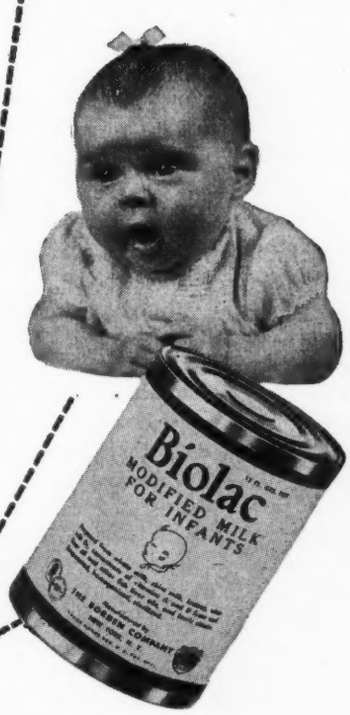
(Continued on Page 464)



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(Continued from Page 462)

A WAGNERIAN SQUINT AT THOMAS JEFFERSON AND BENJAMIN FRANKLIN

Jefferson drafted the Constitution of the United States and Franklin swayed the constitutional convention at will. Jefferson pursued medical science throughout the land because of his general interest in the subject, and Franklin lacked only a medical degree of being one of the best doctors in the United States. It seems strange that these proponents of medicine and good government could have been so short sighted as to have overlooked social security including compulsory health insurance. Since the founders of our government failed so utterly in this respect it is remarkable that the American people did not fill the breach rather than let the opportunity pass to certain government officials. But, seeing that Bismarck with his social security program set the stage for Hitler and since the German people have achieved such a high place in the history of civilization perhaps we should have a great American Bismarck even at the cost of a few billion bucks and personal liberty. The Teutonic philosophy which has helped to put the German people where they are today may be just what the people of the United States need. If so, why worry about a little small change and the loss of individual freedom.

If we want to move on toward the goal the German people have attained we should accept the Wagner proposal without delay. But we should make up our minds and let Congress know. It's time to decide what are the eternal pillars of Society. Strange to say, in spite of the failure of Jefferson and Franklin and their associates, we have grown stronger and lived longer and have whipped the devil out of our undemocratic enemies. Why not make up our minds to keep the devil out of our democracy.—*Journal of the Oklahoma State Medical Association,* January 1946.

IS THE CURE WORTH THE PAIN?

"The fact is," broadcasts Senator Wagner, "that the views of the American Medical Association do not represent the views of many doctors in the United States."

Thus the Senator, running true to form, casts the implication that the rank and file of the medical profession would favor his political schemes for supervising the national health if the influence of organized medicine could be broken. From the moment of its inception, the proponents of socialized medicine have undertaken a campaign of propaganda unsupported by fact or truth. They have attempted to create in the public mind the illusion that our national health is very poor, that medical care is inadequate, that the average American doctor is in accord with them but cannot express his views because of certain mythical shackles imposed by the all-powerful rulers of organized medicine.

From the President down to the Surgeon General of the United States Public Health Service these politicians assure us that they do not intend to socialize anything. They assure us again and again that the proposed legislation for compulsory health insurance, endorsed and supported only by administration leaders, is not "regimentation" or "dictatorship" or any part of national socialism. It is difficult to understand the collosal nerve and arrogance that presumes such a lack of intelligence and such an exaggerated gullibility of the American people. Such methods of public education have worked all too well in Europe in the past two decades. It is indeed a debatable question whether "it could happen here."

Of the "many doctors" who are riding on the administration's band wagon, Surgeon General Parran is the top example. In a recent prepared address he said, "The medical profession should begin to explore the problem objectively and come forward with solutions not objections." Whose is the problem, and to what is the medical profession objecting? We have come forward with solutions in most of the States. Our only objection is against an illusionary (and we suspect an insincere) political scheme involving the welfare of the American people, and a grabbag of billions of tax money.

Another of the alleged "many doctors" is right here in our own back yard. A political charlatan, one John Stelle, by some inconceivable genius, has gotten himself elected to the national command of the American Legion. Mr. Stelle has stupidly appointed a ten-member National Legion committee on medicine and surgery to meet with President Truman to discuss national health problems. The committee member appointed by Mr. Stelle to represent the medical thinking of the State of Michigan is one Dr. Ira D. McCoy of Bad Axe.

According to the *Detroit Free Press,* Dr. McCoy is "not a member of the State Medical Society and disagrees with practitioners of that Society in his advocacy of the President's health insurance program." This statement Dr. McCoy does not deny. The news article also states that Dr. McCoy is a graduate of the University of Michigan Medical School. This also the doctor does not correct, although he is not a graduate of this school which is designated in the American medical directory as "MICH-1". The directory lists Dr. McCoy as graduating from a school designated as "MICH-5" which is no longer in existence. Of Senator Wagner's "many doctors" here we have, no doubt, an example of the type that constitutes his ideal of the medical "real McCoy".—A.C.P. in *Bulletin,* Genesee County Medical Society, February 1946.

* * *

TWO THINGS TO REMEMBER

1. Political distribution of medical care would entail making a public record of the characteristics and the most intimate and sacred personal relationships of each and every patient. The privacy of every human being would be invaded and violated. It can be imagined how the information might be used by the curious and the unscrupulous.

2. The effectiveness of medical care is wholly dependent upon the skill of the physician. The American doctor is a human being—a personality. He must be free to act as an individual. He should not be robbed of his freedom of action and decision. Bureaucratic direction would destroy the factor that is the secret of his effectiveness.

(Continued on Page 466)

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TWO THINGS TO REMEMBER

(Continued from Page 464)

President Truman has endorsed a system to provide political distribution of medical care in the United States. However, the Congress will have to pass the laws that would introduce this alien and totalitarian system into this country.—Editorial, *Bulletin,* Ingham County Medical Society, February, 1946.

THE BLUE CROSS

It has perhaps escaped the notice of the average American that the United States government has for a generation conducted an experiment in state medicine through its care of ill or disabled veterans of the first World War. Nominally there have been some restrictions based on the veteran's condition and his ability to pay, but in practice the government pays. Recent investigations by congressional committees and servicemen's organizations have revealed serious abuses. Medical service in the veterans' hospitals has been rated "poor to average." It has been shown that the government service has not attracted a high quality of professional talent; has not encouraged experimental research and scientific progress in new methods of treatment; and in general, has been inefficiently operated. Sweeping reforms are demanded as the government prepares to extend the service to veterans of this war. Surely that object lesson should stand as a warning against the extension of government-paid medical service to the families of America.

* * *

Michigan can well be proud of the fact that it was a pioneer among the states in the setting up of a medical service plan and that no other state has such extensive coverage. The success of the experiment is something to cheer about. Here is concrete proof that state medicine a la Murray-Wagner-Dingell is as unnecessary as it would be dangerous to the American philosophy of the individual's relation to his government.

* * *

Michigan, by trying the voluntary plan and making a success of it, has provided a shining example for the rest of the country to follow. What organized medicine has accomplished in this state with the aid of labor unions, large employers and the Blue Cross plan, can become equally effective in other states—and must be, if this nation is not to be forced to swallow the bitter pill of state medicine.—*The Grand Rapids Press,* November 9, 1945.

DOROTHY THOMPSON SEES DANGER IN HEALTH BILL

Cost of Federal Medical Insurance Likely to be Far in Excess of Present Doctor Bills

The phrase "economic bill of rights" has a magical quality like "liberal" and "progressive." Just attach one of these words to a measure, and critics back down as though before a fetish. But in a world where progress moves on crutches conservatism may mean in some cases the last stand of liberty and common sense.

Few "liberals" are likely to reveal the illiberality of part of the proposed Federal health scheme. Some of it is excellent. A widespread hospital construction program is urgently necessary, and for that Government can make the economic grant of credit. The national science research prosposals are all right, if it is possible to keep the direction in the hands of competent medical scientists and not a political tsar. Public health services for maternal and infant care can well be extended through Federal grants-in-aid, and cash insurance against illness, as part of unemployment compensation, is reasonable.

But the main part of the proposed measures—universal compulsory Federal insurance against illness of every wage and salary earner by a tax of four per cent on his income up to $3,600 will, if past experience elsewhere is a guide, mean vast overpayment for inferior services; that the poor pay for the rich, and not the other way around; and that income that should go for illness prevention in the form of nutrition, clothing and shelter will be forcibly extracted to pay for the results of deprivation. The only people who will profit will be the new ranks of bureaucrats, two for every physician, supported by the people's contributions. The expenditure for ink will exceed that for iodine.

Penalizing the Poor

On the matter of state medical care through enforced contributions there is plenty of evidence.

State insurances are a means whereby the state skims off their incomes and gives part back in services, many of which the people are better able to provide for themselves as individuals.

Under the Administration's plan everyone who works would, during the lifetime of his earning power, pay 4 per cent of his income up to $3,600. An employe with an income of $2,000 per year would pay $80. One with an income of $3,600 would pay $144. Everybody working would contribute—perhaps three or four of the same family. Any employe with an income above $3,600—a salaried man with an income of $10,000, a movie actor with income of $200,000—would also pay $144.

In private medicine, completely apart from the many co-operative non-profit group insurance schemes in operation, physicians daily perform millions of dollars' worth of free services. Their wealthy patients help finance the indigent. This is not a proper situation, but it is more just than the Government bill.

High Fees

If the cost of the services offered in return for 4 per cent of annual income are compared with those offered by the many co-operative schemes in existence, the price is exorbitant—as well as compulsory. Mutual non-profit schemes cover, for instance, some 23,000,000 industrial workers. One of these, under which 2,300 companies are insured, provides, for $60 per year, medical care for all workers *plus* their dependents, in home sickness, accident, hospitalization, surgical services—up to a fee of $150—laboratory fees up to $30 per year—and physicians' care up to fifty visits.

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Aims and Purposes of the Conference of Presidents and Other Officers of State Medical Associations

By A. S. Brunk, M.D.*
Detroit, Michigan

At the Detroit and Denver Medical Public Relations Conferences last spring, instruction was given that a conference of the Presidents and Other Officers of State Medical Associations be called before the end of 1945. This meeting was held in Chicago on December 2, and 208 persons, representing forty-one states and the District of Columbia, were present. They voted to make *permanent* the "Conference of Presidents and Other Officers of State Medical Associations" and elected officers and an executive committee. By-laws were adopted, making the conference the socio-economic clearing house of all state medical associations.

At the Chicago conference of Presidents, four resolutions were given unanimous approval in accordance with the recommendation of the conference. These resolutions were referred to the House of Delegates of the American Medical Association for sanction and for implementation through the AMA council on Medical Service and Public Relations. It is noteworthy that all four proposals for the betterment of medical men and those whom they serve were endorsed by the Legislative Tribunal of the American Medical Association on December 5, 1945.

The resolutions on voluntary group medical care programs, on modern medical public relations, and on the formation of a national health congress were referred to the AMA board of trustees and council on medical service for *immediate action.* In fact, the *urgency of creating a national program on group medical care plans, on a voluntary basis,* was stressed in the report of the reference committee, not once but *twice.* All here know that the voluntary system of medical care, aided by supplementary features such as medical service plans, offer *better* medicine for the American people than any compulsory tax-ridden proposal; but an effective program of group medical care must be *national* in scope; this is the job the medical practitioners of the nation, through the AMA House of Delegates, handed to the AMA board of trustees and the council on medical service and public relations. I have been informed that the council on medical service leaped into immediate action on this pressing problem. Our congratulations and thanks are due the progressive, wide-awake council on medical service and its alert and active chairman, E. F. McCormick, M.D., as well as its industrious secretary, Tom Hendricks, for trying to do an outstanding job under trying and frequently discouraging conditions.

We shall await with interest the reception that the AMA Board of Trustees extends to the proposal of the Council, as well as to other proposals for a national voluntary group medical care plan which may be presented. In this matter medicine may have its last opportunity to assert leadership in social progress.

The fourth resolution on the medical profession's sponsoring health legislation beneficial to the

Presented at National Conference on Medical Service, Chicago, February 10, 1946.

*Dr. Brunk is President of the Conference of Presidents and Other Officers of State Medical Associations.

people—(which was considered by the conference of Presidents to be the most important of the four resolutions), was nicely but most unwisely pigeonholed by being referred for six months' study to the board of trustees and the council on medical service. By June or July—if and when the "study" is completed—the proponents of compulsory regimented schemes in Washington, D. C., will have gained additional valuable time. Already two months have passed since the House of Delegates session, and while the pressure-groups for bureaucratic socialized medicine (including Mr. Truman and Dr. Parran) are lined up for hearing on the monstrosity they hope to foist upon a misinformed and uniformed people, no reports of progress have reached our ears concerning the study of this resolution in which the whole medical profession of this country is vitally, critically interested! Who is responsible for this fiddling while medicine burns?

No group can outline the important principles of a health legislation program *better* than the *medical profession.* The only program of this type that will be workable must be developed by the practitioners of medicine. The knowledge and experience of medical practice must be the keystone of successful health legislation. That is not my humble opinion, *alone,* but is the judgment of legislative leaders who have longtime reputations for sound statesmanship. They have expressed the same sentiment, and very recently, they want to sponsor a health legislation program devised by the medical profession. They know that such a plan will be sound, that it will be better for the people and for this great country. They are *begging* the doctors of medicine of America to present them with the general principles of a health legislation program—and to date, the doctors have been too busy *studying.* The composite outline of health legislation, developed by eleven state medical societies, which was the basis of the resolution on health legislation beneficial to the people, adopted by the conference of presidents on December 2 has been smothered for the next six months. What is the answer? I am no seer, so have no answer of my own, but I shall give you the prophecy of one of the leading statesmen in Congress—a friend of the medical profession and of all the people. He says (and I repeat this with a heavy heart) that medicine as we have known and enjoyed it for a long time, will come to an end *if* some group of courageous practitioners does not do the job which a scientific and educational institution appears unable to do. Further, he states that congressional leaders are looking to an organization of State Medical Societies to carry the torch. This, gentlemen, is a grave responsibility—one that the States Societies have not *sought.* But when medicine is burning, volunteer firefighters must have the edifice if the regular force absents itself for six months' study. *If need be,* the Conference of Presidents and Other Officers of State Medical Societies will accept this challenge, and solve the problem through action of the states, should this greatest question of the day not receive *elsewhere* the attention it deserves. The job *must* be done and *WILL* be done —(if not by us, then by our enemies). We want a free medicine to progress, to be *permanent* in America. Our duty is to keep it so, to the last ounce of our strength, our effort, and our worldly goods. To do otherwise would be to fail in our sacred duty to our profession, to our patients, to ourselves. In doing its share of the monumental task, the conference is merely living up to its high aims and purposes. The conference of Presidents solicits your personal enthusiasm and active support. When it seeks your help, it is merely asking you to help yourself. It is only saying: "Let's have your hand, doctor, to keep American medicine the best in the world, for the benefit of the people you now serve and those future millions who will benefit from the kindly modern ministrations of the men and women who *follow* you in the glorious ranks of Hippocrates."

MSMS

MODIFIED "IRON LUNG" FOR POLIO PATIENTS

Infantile paralysis victims who require artificial aid in breathing are promised an improvement over the usual type of "iron lung," in an invention by Dennis R. Scanlan of St. Paul, Minn., on which U. S. patent 2,383,821 has been granted. Instead of enclosing the patient's body in a metal chamber, with only his head projecting, the new device encloses the torso only, and consists mainly of rubber or other flexible material, with only a metal breastplate through which the necessary respiratory movements are transmitted. The patient is able to move his limbs with considerable freedom, and to have his bed raised to varying reclining angles, thus escaping the monotony of lying flat on his back all the time.—*Science News Letter,* Sept. 15, 1945.

Medical Care for Veterans

A Digest of the Status of Veterans as Understood by the Medical Profession

What every doctor should know about the medical care of veterans.

I. Basic Premises

1. The veteran is an individual.

2. The veteran has certain privileges granted him by the government, in recognition for services rendered, including certain medical care.

3. The veteran shall receive the best service the medical profession has to offer.

II. Rules Governing Medical Care

1. *Previous to Spanish-American War*

He came under the old Superintendents of the Poor (now part of the County Department of Social Welfare).

2. *Spanish-American War Veteran*

Legislation removed him from indigent class and placed him under County Soldiers and Sailors Relief Committee, medical care being authorized by the committee representative. This also applies to World War I and World War II veterans. It now is called upon mainly in emergencies, for medical care, and food. It operates from limited, county tax-collected funds.

3. *Veterans of World War I*

In addition to the above, the Veterans Bureau was created by federal law providing veterans hospitals and offices in each state, with care rendered for *service-connected disabilities.* A presidential directive was issued providing care for non-service connected disabilities if the veteran certified his inability to pay. The Veterans Bureau has since become the Veterans Administration and the Veterans Hospitals are now classified under Veterans Facilities.

4. *Veterans of World War II*

In addition to the above, the veteran is covered under the "GI Bill of Rights." The provisions, in essence, are:

(1) The veteran must have a discharge not under dishonorable conditions.

(2) He is entitled to free medical and hospital care for service-connected disabilities.

(3) If not already done, he is entitled to a physical examination to determine whether a disability is service-connected, and the percentage of disability for pension rating determined.

(4) Women veterans are entitled to care for any disability, except normal delivery, and may be cared for in any civilian hospital (because of lack of facilities in government hospitals).

III. Implementation of Medical Care for Veterans in Michigan Under the Michigan Medical Service and Michigan Hospital Service Contracts with the Veterans Administration

Medical care for veterans in their home city hospitals, their individual homes, or in the offices of their family doctor is provided.

Provisions of the Contracts:

1. The veteran must first contact the Veterans Administration main offices at 1920-21 Union Guardian Bldg., Detroit 26, Michigan, and if he has, in his record, certification of a service-incurred disability authorization, he will be sent to Michigan Medical Service, and then forwarded to the veteran with instructions for him to consult his doctor.

2. If the service connection of the disability has not been established, the veteran will be authorized to have an examination to establish the amount of disability. (The doctor forwards the examination results to Michigan Medical Service and a rating will be promptly made. Authorization for treatment will then be given by the Veterans Administration. FOR MEN, THIS TREATMENT IS LIMITED TO THE EXTENT OF THE SERVICE-CONNECTED DISABILITY.

3. Women veterans may receive treatment for any disability, service-connected, except normal delivery.

4. Once treatment has been authorized, as above, the veteran is entitled to the best care that can be given.

5. Doctors are paid by the Veterans Administration through the Michigan Medical Service at rates listed in the Uniform Fee Schedule for Governmental Agencies. (These rates were established by the MSMS House of Delegates in September,

1945.) MMS will pay immediately and will carry the expense until reimbursed.

6. Emergency treatment. (a) If the disability is service-connected it is to be treated at once by the doctor or hospital, but telephone authorization (reversed charges) should be had from the Veterans Administration if possible. (Detroit-Dearborn 1860). This phone call may be made and authorization obtained by the doctor, the patient or the patient's family. (b) If the emergency is not service-connected, it will be paid by the State Office of Veterans' Affairs. The local county Veterans' Councilor should be contacted or call Major Alquire or Mr. Lyman C. Smith at 21221 Lansing.

7. Doctors authorized to give treatment to veterans must be "fee designated." To receive this authorization, any doctor who is willing to cooperate with the Michigan Medical Service may:

(a) Make application in writing, or

(b) Return completed card, mailed to him, to the Michigan Medical Service, or

(c) Fill out and send to Michigan Medical Service, the blank published in the February issue of the JMSMS. (The address of Michigan Medical Service is Washington Blvd. Bldg., 234 State Street, Detroit 26, Michigan.)

8. Michigan Hospital Service has the responsibility of providing for semi-private rooms in the hospital except where necessity dictates otherwise. If the veteran demands a more expensive room or pays an extra amount for the room, the Veterans Administration refuses all responsibility for the expense.

9. Every veteran who served in the Southwest Pacific Area may (and should, due to potential malarial infection) file a claim for service-connected disability. If the patient suffers from malaria a free supply of atabrine is available through the Veteran's Councilor.

MSMS

ERECTION OF NEW ARMY MEDICAL LIBRARY BUILDING PLANNED

Plans which are now under way for the erection of a new building for the Army Medical Library will be furthered this spring when a request for funds will be included in the War Department estimate for the fiscal year 1947, scheduled to come before Congress.

The building, which architects estimate will cost $10,000,000, will be located on land named as part of the proposed postwar development of East Capitol Street from the National Capitol eastward to Anacostia.

Headaches from the Otologist's Point of View

By Claude C. Cody, III, M.D.
Instructor of Otolaryngology, University of Michigan Medical School
Ann Arbor, Michigan

THE NUMBER of patients consulting the otologist for the relief of headache is appalling. The vast majority of these patients present themselves with the self-made diagnosis of sinusitis. The layman has recently been introduced to his sinuses through advertising and popular literature, and little understanding them, accepts them as a plausible cause for any type of headache or pain. Actually, there is probably less than 5 per cent of all headache referable to the sinuses.

The specialist has to proceed with caution in examining such a patient. There is always the tendency for him to treat the case along the narrow field of his own specialty, giving little regard to the patient as a whole. He thus may be overly influenced in his diagnosis and treatment by his special training.

The most important step, I believe, in attacking the problem of a patient with headache, is to obtain a careful and thorough history. This should embody all of the characteristics of the headache, including the manner and time of onset of symptoms, duration and location of headache, type of pain, and whether or not there are any associated symptoms, such as nausea, vomiting, scotomata, et cetera. The patient's general condition, both mental and physical, should be properly evaluated, noting whether he is chronically or acutely ill; whether there is a tenseness or emotional instability in his make-up and especially if this patient appears to be unusually complaining and hypersensitive to pain. Finally, just what type of treatment and diagnosis has this patient previously had?

After all, this is the standard method by which any physician usually investigates his patient, but sometimes we as specialists become over-enthusiastic in our special fields. A physician has to guard against being a "symptom treater," rather employing his powers to investigate his patient to such an extent as to attempt at least, to arrive at the etiology of the trouble.

Read before the Southwestern Michigan Triological Society at Battle Creek, Michigan, November 29, 1945.

Now, we come to the actual examination of the patient. Pain referable to the ear is usually well localized. The severe pain of acute otitis media can no better be described than by a crying baby clawing and tugging at his ear. The pain and particularly the tenderness of mastoiditis are also well localized, and the uncomplicated case does not usually present any great problem.

When there is a deep boring pain over the whole side of the head, associated with a draining ear on that side, and when this pain is more marked at night, the experienced clinician becomes at once wary of a possible dural exposure to pus, constituting an epidural abscess. There is usually little tenderness on deep pressure but percussion of the skull gives pain over the parietal area.

We are all more or less familiar with the gradual and insidious onset of the headache, which may occur after a presumably satisfactory convalescence from mastoiditis. This headache, also of the deep boring type, is steady and severe, and is associated with vomiting which may be projectile. When choked discs and increased spinal fluid pressure are also present, there can be little doubt that we are dealing with an intracranial space occupying lesion, probably an abscess.

The mechanism of headaches in brain tumors and abscesses is interesting. It has been shown experimentally that increased intracranial pressure alone does not cause pain, but when the insensitive dura is pulled or displaced to one side, as by a brain abscess, tension is exerted on the cerebral arteries, veins, and supporting tissues, and pain becomes manifest. Thus the arteries, veins, great venous sinuses and a small portion of the dura at the base of the skull contain any real pain fibers.

Petrositis, with suppuration of the apex of the petrous portion of the mastoid bone, is a complication of mastoiditis that in recent years has excited considerable interest. It gives rise to the interesting triad known as Gradenigo's syndrome. This consists of a draining ear associated with a sixth nerve paralysis and a deep seated pain in back of the eye on the same side. The suppuration at the petrous apex encroaches both upon the long intracranial course of the abducens nerve and particularly on the ophthalmic division of the fifth nerve, with the retro-bulbar pain and paralysis of lateral gaze on the involved side. With adequate drainage of the mastoid cells at the petrous tip, and cleaning up of the actual mastoid process, there is a complete subsidence of these symptoms.

In approaching the nose as a possible cause for headache, the otolaryngologist looks first, quite naturally, for the presence of a suppurative sinus disease. He also notes any unusual anatomical configuration, such as a septal spur, septal deviation, or enlarged turbinate that might possibly be a cause of headache. The character and type of headache may well suggest possible sinus disease. Classically, frontal sinus suppuration is characterized by frontal pain, coming on in the later morning almost with clock-like regularity. There may also be some tenderness over the involved sinus. The maxillary sinus may also give a regular, recurrent pain, being noted usually in the afternoon. This may manifest itself over the involved antrum, the jaw and teeth on that side, or sometimes actually be referred to the supra-orbital ridge. Ethmoid disease, when it predominates, may produce a boring pain in the back of the eyes and at the base of the nose. Sphenoid sinus pain expresses itself in occipital headaches, which radiate down the back of the neck and between the shoulder blades. These headaches, sometimes severe, are accentuated on bending over and may be attended with vertigo.

Most of the above sinus pain and headaches occur during acute or subacute flare-ups of the disease. There may be associated constitutional symptoms with malaise and fever, this alone being able to give rise to headache. Upper respiratory infection, with nasal obstruction, frequently present with fever, also constitutes a source of headache. Hower, unless we are dealing with an acute sinus suppuration, there is usually no head pain at all. The most common and outstanding symptom of chronic sinusitis is that of purulent nasal discharge without headache.

Then let us consider that rather illusionary entity of vacuum headache. Even the layman can somehow visualize his sinus opening being swollen shut with the absorption of air in the sinus and the resulting partial vacuum causing a headache. Undoubtedly such a condition exists, if one takes the proper precautions in making the diagnosis. Those of us who have ever ridden in a plane with a mild upper respiratory infection, may have heard a sudden hiss of air in the nose, followed by immediate comfort. When a blockage of the frontonasal duct is suspected mere shrinkage of the opening with any vasoconstrictor should give instant relief. Any anatomical obstruction, such

as a polyp, septal spur, or impacted turbinate, should also be corrected. Classically, vacuum headache is not associated with any form of suppuration, but is purely an anatomical obstruction of the frontonasal duct.

The so-called "sphenopalatine neuralgia," or Sluder's syndrome as described by the late Greenfield Sluder is associated with irritation of one of the major sympathetic ganglion lying just posterior to the middle turbinate and beneath the mucosa of the lateral nasal wall. This ganglion has complicated and extensive ramifications with certain cranial nerves and branches of the autonomic nervous system. Its irritation by infection, by enlarged turbinates or sharp septal deviations, is thought to give rise to a specialized headache through its connection with the fifth nerve. Sluder describes "the lower-half headache as beginning at the root of the nose, in and about the eye, the upper jaw and teeth, extending to the temple and zygoma on that side and especially the mastoid process." It continues on back by way of the occiput and neck and may extend to the shoulder, or even to the arm, hand and finger tips. The therapeutic test is to cocainize the ganglion topically. For more permanent relief, injections with procaine or alcohol may be resorted to.

Many times, the rhinological examination is entirely negative as to any direct cause for headaches. This is particularly true in typical migraine headache; though occasionally a low-grade allergic rhinitis may be found. These periodic headaches, involving the hemicranium, are associated with nausea, vomiting, scotomata, and frequently lacrimation, photophobia, and vertigo. There is a strong family history in the typical case, and it is felt today that all of these patients should have a careful allergic survey. Ergotamine tartrate is frequently used for temporary relief pending determination of the fundamental cause.

Histamine headaches or cephalgia follow closely migraine headache. These, too, are unilateral involving the eye, temple, face and may spread to the neck and shoulder on the involved side. The upper and lower teeth may also be involved. Attacks begin after middle age. The attacks come on suddenly and may awake the victim from a sound sleep. An intense deep pain, constant and boring in character, is classical. An associated congestion and profuse watering of the involved eye, rhinorrhea, and unilateral stuffiness of the nostril and profuse perspiration are features. There are no trigger zones as seen in trigeminal neuralgia and the pain does not follow the distribution of the fifth nerve. It should never be confused with migraine as nausea, vomiting and scotomata are invariably absent. Heredity plays no role in histamine headache. Attacks can be induced by injection of histamine. Treatment resolves itself in histamine desensitization.

A frequently overlooked and understressed cause for headache is a temperomandibular arthritis. The pain or pains from poor articulation of the temperomandibular joints are apt to be very severe and constant, localized to the top of the cranium and the occiput and behind the ears. Sometimes the pain is so severe the whole head aches for hours at a time. According to Costen, the severity of the pain is worse at the end of the day. This author makes the diagnosis by the presence of dental malocclusion; tenderness on palpation of the joints, both internally and externally; and by x-ray. Also I have frequently been able to elicit a history of snapping or popping of the jaws, either accidentally or by habit, at some time in the past. Treatment, of course, consists of removing the cause, usually correcting the bite.

Dental infections and especially apical abscesses may cause severe pain. Usually the lower teeth localize the pain fairly well but the upper molars have a tendency to refer pain to the ears and occasionally the eye. We should never be too proud or too careless to overlook the teeth in seeking for various head pains and aches. It is embarrassing to have done a careful otolaryngological examination and in writing up the case, become aware that the condition of the teeth escaped notice.

A great number of patients, particularly during the war years, have complained of severe generalized headaches, stating that the headaches were unbearable. Yet the patients usually give no objective signs of pain, and sleep is not interfered with to any extent. General and special physical examinations are negative. Such headaches are probably on the basis of tension, and, to some extent, fatigue. Psychogenic headaches are similar, but usually do not fluctuate to the degree of the tension headaches. Both types require careful examination and evaluation for diagnosis. Treatment, of course, is largely reassurance, rest and psychotherapy.

Of course headaches may occasionally be on some systemic basis, related to endocrine disturb-

ance, or to the condition of the blood. The possibility of a hypertensive heart disease should not be overlooked. This can be brought out in the general history and examination of the patient.

Occasionally cervical arthritis, or a spasm of some of the long posterior cervical muscles may give rise to occipital or mastoid pain and only a careful history (sometimes a "snapping" of the cervical vertebrae is stated to occur) may give a clue as to the cause. Usually palpation of the spinous processes of the cervical vertebrae may elicit an area of tenderness. Or a tender cervical muscle may be discovered. Treatment is directed to the cause. X-rays of the cervical spines are indicated to rule out inflammation, tumor, or cervical discs. Where muscle spasm predominates, heat, and massage, occasionally with salicylates, is the treatment of choice.

In this discussion I have tried to present the type of case that the otolaryngologist is frequently called upon to treat. This sort of case not infrequently gets little satisfaction because of the overspecialization in diagnosis. It would be vastly more satisfactory to give each case of headache the benefit of a careful and complete history and physical examination; and not let the diagnosis become biased by overspecialty.

Bibliography

1. Burnham, H.: Headaches from the otolaryngologists' point of view. Toronto Acad. Med., 15-16:171-177, 1941-43.
2. Gittens, T. R.: Headache and facial neuralgia. Laryngoscope, 53:27-38, 1943.
3. Lillie, W. I.: Proetz, A. W., Horton, Bayard T.: Symposium: Head and face pain. Tr. Am. Acad. Ophth. & Otol., pp. 15-33. (Sept.-Oct.) 1944.
4. MacDonald, R.: Headaches from eye, ear, nose and throat standpoint. J. South Carolina M. A., 40:184-187, (Sept.) 1944.
5. Proetz, A. W.: Practical Management of Headache. Ann. Otol., 52:409-418, 1943.
6. Richards, L. C.: Otolaryngology in General Practice. pp. 322-331. New York: Macmillan Co., 1939.
7. Skillern, R. H.: Headaches, the nasal aspect. Tr. Am. Acad. Ophth. & Otol., pp. 378-387, 1926.
8. Tremble, G. E.: Headaches of nasal origin. Canadian M.A.J., 50:43-47, (Jan.) 1944.
9. Vail, Harris H., Crisp, W. H., Vonderahe, A. R.: Symposium on headache. Tr. Am. Acad. Ophth. & Otol., pp. 85-116, 1935.

MSMS

SULFA DRUGS IMPROVED

The addition of a fraction of 1 per cent of iodine to sulfonamide makes a chemical which is very effective in the treatment of wounds. It is called sulfaiodine and is described as being more powerful than penicillin in that it has a much wider field of usefulness. No disease organism has been found, says Dr. Paul Goodrich, of Rutgers University, which resists it. In cases in which sulfa drugs are merely inhibitive, the new compound kills not only germs but spores. In addition, it is active in the presence of blood, serum, peptone or other substances which sometimes are found in wounds, and which reduce the power of the sulfa group of drugs. Unlike iodine alone, it causes no tissue damage.

Ocular Causes of Headache

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HEADACHE is a symptom, not a disease. With the exception of poor vision probably no other symptom is as common in an ophthalmological practice. The well-trained and successful ophthalmologist must therefore be able not only to diagnose and treat headache from ocular causes but must also differentiate it from non-ocular headache. He will see many patients complaining of headache in whom he finds no disease or defect of the eyes and these patients should be directed into proper hands. It is only by rendering such service to their patients that ophthalmologists can maintain their positions as physicians and distinguish themselves from optometrists and other non-medical practitioners.

The accuracy of diagnosis and success of treatment of headache is in direct proportion to the care exercised in taking the patient's history. Inquiry should be made into the location of the headache, the type of pain, and whether it is constant, intermittent or periodic. Is the pain localized to any particular part of the head? What time of day is the pain most apt to occur? Is there any relationship between the pain and use of the eyes? Does the pain follow reading, movies, working or driving? Does it occur outdoors as well as indoors? Has the headache occurred previously and been corrected by any means, such as wearing glasses? What is the patient's occupation and his mode of life? Are there any associated symptoms such as watering or burning of the eyes, plugging of the air passages, vomiting, scotomata, or sensitivity to light? How good is the patient's general health?

An ocular headache is most often orbital, supraorbital, or frontal though it can be temporal, occipital or a neck pain. It usually is a dull, constant, sometimes throbbing headache, and is often relatively mild. More often than not it is not incapacitating. There usually is a direct relationship between onset of the headache and use of the eyes,

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either for distance or close work or both. In this connection it sometimes is experienced only on working days and not on Sundays or during vacations. It is most frequently bilateral except when due to unilateral inflammation.

Like the history, the examination of a headache patient bears a direct relation to the degree of success encountered in treating it. The examination cannot be said to be complete unless it includes a thorough refraction (before the age of 45 this should be done under cycloplegia) careful investigation of the muscle balance, ophthalmoscopic examination, study of the anterior segment of the eye with the corneal miscroscope, visual field investigation and measurement of the intra-occular pressure.

Case Reports

Case 1.—A draftsman, aged thirty-four, complained of pain in the right eye of three days' duration. He wore glasses to correct a moderate hyperopic astigmatism and he thought that his glasses needed changing. The pain was mild and not incapacitating and seemed to be worse when he tried to do close work. The eye was moderately sensitive to light but not red. He had had no similar attack in the past. Before getting his glasses he had noticed bilateral ocular fatigue toward the end of the day but the present complaint was of a different sort of pain. The vision was normal in each eye with the correction he was wearing. There were numerous small keratitic precipitates on the corneal endothelium of the right eye and a faint aqueous flare. The pupil dilated readily with atropine. Under treatment for the iridocyclitis the photophobia and headache disappeared and refraction later showed that no change in the patient's glasses was necessary.

Ocular headache is rarely unilateral except when due to organic disease of the eye. It is obvious that there is a distinction to be made between the unilateral pain due to ocular inflammation and headache as the term is commonly used. However, a discussion of ocular headache is not complete without some mention of the causes of unilateral eye pain. Probably the commonest is iritis or iridocyclitis which causes a neuralgic pain in the affected eye associated with sensitivity to light, tenderness, lacrimation and sometimes blurry vision. The severity of the pain varies with the severity of the inflammation. Acute inflammatory glaucoma causes an excruciating ache in the affected eye which radiates over the whole side of the head and face and is associated with loss of vision, dilatation of the pupil, deep ciliary injection, hardness of the globe and corneal steaminess. The pain from retrobulbar neuritis is felt usually in the eyeball and orbit and is felt more severely on rotation of or pressure against the eyeball.

There are numerous other examples of ocular pathology which can cause unilateral headache, but these outstanding examples suffice. They can be easily diagnosed by a careful ophthalmological examination.

Case 2.—A middle-aged housewife complained of headache occurring in and after movies. The pain was of a mild, vague character, which she described as a sense of fullness in and behind the eyes, and was not incapacitating. She never had headache during the day but occasionally she awakened in the morning with pain in the eyes. She had worn glasses for eight years for close work only. Her general health was said to be good. Occasionally she noticed colored halos around lights at night, but these were not even severe enough to stimulate in her more than a mild curiosity and only careful questioning reminded her of them.

The visual acuity was 20/30 with each eye but with correcting lenses was improved to 20/20. The anterior chambers were shallow and the intra-ocular pressure was 32mm. of mercury in the right eye and 30 mm. of mercury in the left. After the patient remained in a dark room for one hour the tension rose to 40 in the right eye and 35 in the left eye. Ten per cent emulsion of neo-synephrin, one drop in each eye, was used to dilate the pupils. Ophthalmoscopic examination showed a shallow glaucomatous cupping of each nerve head. Visual field measurements showed no contraction of the peripheral fields but a comma-shaped enlargement of the blind spots was found. The diagnosis was chronic simple glaucoma.

It would seem obvious that the headache in this case was due to increased intra-ocular pressure. The case is included to illustrate how bilateral orbital or frontal headache can be due to organic pathology of the eyes and it exemplifies beautifully the need for thorough and painstaking examination in every case.

There can be little doubt but that had this patient consulted a non-medical practitioner glasses might have been prescribed to correct her refractive error and the glaucoma might not have been discovered until permanent visual loss had occurred.

Case 3.—A boy, aged fourteen, was sent to a boarding school after completing the first eight grades in public schools. He was required to study much more than he had previously. He had an older sister who was wearing glasses because of a convergent strabismus. He complained of frontal headaches occurring toward the end of the day always after reading or studying. There were no associated symptoms. He had no headache following movies or other use of the eyes for

distance and never on days when he did no close work. Examination revealed a simple hyperopia of three diopters in each eye and prescription of +2.00 diopter spheres to be worn during school and for all close work resulted in cessation of the headache.

Case 4.—A housewife, aged thirty-four, complained of headache over the right eye occurring at intervals during the past two years. The headaches usually occurred during the day but there was no definite relationship to any specific use of the eyes. There was rarely any headache upon awakening in the morning. She had worn glasses two years ago for one year but had not worn them during the past six months because they were broken. When the glasses were worn the headache was improved but did not completely disappear. The visual acuity uncorrected was 20/30 with the right eye and 20/20 with the left eye. The muscle balance was normal and the eyes were free of organic pathology. Examination of the refractive status revealed mixed astigmatism in the right eye and a simple hyperopic astigmatism in the left eye. The following lenses were prescribed: O.D. —50 sphere, +1.25 cylinder, axis 105, and O.S. +50 cylinder, axis 75. With this correction the visual acuity was 20/15 with each eye and the headache disappeared as long as she wore the glasses. This is an example of unilateral headache due to inequality of the refractive error.

The foregoing two cases illustrate the role of refractive errors in ocular headache. Such headache is nearly always frontal or supra-orbital and is thought to be due to spasm or fatigue of the ciliary muscle following excessive accommodation, although other theories have been advanced. Snell has evaluated the incidence of refractive errors as the cause of headache and found that hyperopic astigmatism and hyperopia cause 80 per cent of all headaches due to errors of refraction. Mixed astigmatism causes 12 per cent and he attributes the remainder to myopic astigmatism and myopia. Since the headache due to hyperopia or astigmatism is the result of excessive accommodation it is to be expected that the patient will complain that the headache follows use of the eyes, especially for close work. The amount of hyperopia or astigmatism shows no direct relationship to the severity of the headache. Individuals with relatively low degrees of hyperopia may complain quite bitterly of headache especially if their accommodative reserve is impaired by general debility or local conditions. This is well illustrated by the slightly hyperopic individual whose accommodative reserve is lessened by the approach of presbyopia.

Myopes on the other hand rarely are troubled with headache, but occasionally it does occur. The pain is usually frontal and occurs after movies or elsewhere where the patient's distance vision is being taxed. Many such headaches are due to fatigue of the frontalis and corrugator supercilii muscles which are held in a state of prolonged contraction by inadequately corrected myopes in an attempt to see better. I have several myopic patients who complain of frontal headache whereever a change in their myopia takes place and they use this symptom as an indication that it is time for a change.

Case 5.—A college student complained of headache occurring after close work and after movies but at no other time. The headache was frontal and temporal and occasionally radiated to the occipital area. There were no associated symptoms. The patient was a nervous, "high-strung" individual who drank a great deal of coffee and smoked over a package of cigarettes daily. He averaged six to seven hours of sleep nightly. He had been examined elsewhere and told that glasses were unnecessary. His visual acuity was 20/15 with each eye and examination under cycloplegia showed hyperopia of one diopter in each eye. There was an esophoria of 1 prism diopter at 20 feet and esophoria of 5 prism diopters at 14 inches (Maddox rod). There was no vertical imbalance. Abduction was 4 and adduction was 38 at 20 feet. Glasses were prescribed incorporating a +0.50 diopter sphere with 2° prism base out before each eye to be worn for all close work but not for movies. The patient was advised to discontinue coffee and if possible cigarettes and to sleep at least eight hours nightly. He reported a year later that the headaches were greatly improved but not completely relieved. It is possible that some sort of orthoptic training might have benefited this patient but this was not tried.

Case 6.—An accountant, aged fifty-one, complained of diplopia of four months' duration and headache of thirty-five years' duration. He had worn glasses since boyhood because of eyestrain and because his eyes turned inwards. The diplopia had occured previously and he had been able to control it by suppressing one eye temporarily after which he could again use two eyes. During the past four months he had been unable to control the diplopia except by closing one eye. The headache had been almost continual for thirty-five years, severe throbbing in character and radiating from behind the eyeballs all over the head. It had not increased during the past four months until one week ago when it seemed to get worse. The patient impressed the examiner as being a neurotic individual given to relating the history in great detail. However, he had no other complaints except those relating to his eyes.

The refractive error as measured under homatropine and paredrine cycloplegia was as follows: O.D. +6.75 sphere, +.75 cylinder, axis 45; and O.S. +5.75 sphere, +1.75 cylinder, axis 115. With this correction the

visual acuity was 20/20 with each eye. The glasses he was wearing were approximately this correction and incorporated a 3 diopter prism Base Out in each lens. Examination of the muscle balance with correction showed an esotropia of 18 prism diopters at 20 feet and orthophoria at 14 inches (cover test). Without correction the esotropia was 35 prism diopters at 20 feet and at 14 inches there was an esophoria of only 4 prism diopters. The near point of convergence was 5 cm. On the synoptophore the objective angle was 12° Base Out and he was able to diverge the large targets only to 10° Base Out. Fusion and stereopsis were excellent at near range. The diagnosis was high hyperopia and divergence insufficiency with a secondary convergence excess. The visual fields and intraocular pressure were normal. The diplopia was unchanged in all directions of gaze. The patient was referred to an internist and to a neurologist neither of whom found any cause for the headache.

A 3 mm. recession of the internal rectus muscle and a 4 mm. resection of the external rectus muscle of the right eye was advised and performed. Following the operation glasses were prescribed without prisms. During the two months since the surgery was performed and the glasses were prescribed, the patient has had no diplopia and no headache. There is an esophoria of 4 prism diopters present for distance only but no esotropia, and diplopia cannot be elicited even with a red glass.

The role of ocular muscle imbalances in headache is an important one, and not all cases are as dramatic as the one just described. Esophoria and hyperphoria are more apt to cause pain than exophoria. The pain is usually frontal, supraorbital, or orbital especially in the horizontal imbalances. In hyperphoria, due to the head tilt often seen in this condition, the pain may be occipital or even along the superior or inferior nuchal lines or at the point of attachment to the skull of the sternocleidomastoid muscle. This is especially true if the hyperphoria is due to a paresis of one vertically acting muscle or secondary spasm of another.

Exophoria causes headache only when due to a convergence insufficiency and then only following close work. This sort of imbalance is usually seen associated with the onset of presbyopia.

The satisfactory treatment of muscle imbalance includes prescription lenses, prisms incorporated in the glasses or in a hook front frame for part-time wear, orthoptic exercises, muscle surgery, and attention to the individual's mode of life. The treatment of each case of heterophoria must be decided on its own merits.

The tropias on the other hand are rarely associated with headache except coincidentally. The headache in heterophoria is due to the effort exerted by the patient to attain binocular vision. The heterotropic patient usually has very poor fusion and as a result makes no attempt to attain binocular vision and so does not develop headache.

There is no doubt but that headache can be due to excessive light or sensitivity to light.

Case 7.—A physician complained of mid-frontal headache occurring only after he played golf or went fishing on a bright sunny day. He wore glasses correcting a moderate astigmatism but had no headache except when exposed to bright sunlight. He noticed that he habitually contracted the orbicularis oculi and corrugator supercilii muscles when out in the sun, and the headache was thought to be due to fatigue or spasm of these muscles. His diet was thought to be adequate. Prescription of No. 4 Ray Ban glasses, incorporating his correction, to be worn for sports gave him relief.

Case 8.—This case is not mine but was reported elsewhere by Horton. A woman, aged fifty-six, had headache of eleven years' duration. The pain was at first only occasional but later occurred almost constantly. She also complained of momentary pain when she looked at a bright light. The intravenous administration of histamine gave some relief from the headache and daily intramuscular injection of 25,000 units of vitamin A for four days brought complete relief of the pain and she was no longer sensitive to light. It has not recurred during the first six months following treatment. It seems possible that the headache may have been due to a vitamin A deficiency.

Many headaches are not found by the ophthalmologist to be due to ocular defects or inflammation, but nevertheless there are in many cases ocular signs which may aid in making the proper diagnosis. Abnormalities of the pupillary reflexes or visual field defects may help localize the cause of headache along the visual pathways. The same is true of paralysis of the extra-ocular muscles. I have seen patients suffering from headaches due to luetic basal meningitis in whom the cause of headache was not discovered until paralysis of the external rectus muscle developed. Headache can accompany arterial hypertension, arteriosclerosis, or chronic nephritis, each of which may cause profound changes in the eye grounds. These and other causes of headache should not be lost sight of by the ophthalmologist. It is our duty to examine all patients with an open mind realizing that while many headaches are ocular in origin, others are not, and to provide for the patient as far as we are able a diagnostic service worthy of our profession.

Hypertension

Remarks Concerning Its Cause and Treatment

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THE PURPOSE of this paper is to summarize recent knowledge bearing on the causes of so-called essential hypertension, and to consider various forms of treatment in relation to the underlying mechanisms of the disease. Hypertension is a complex problem and in spite of recent brilliant investigations much remains unknown and unsettled. Nevertheless it is thought that present knowledge justifies the tentative adoption of a working hypothesis as to the mechanisms of its onset and progression which will advance its clinical management from an empirical to a rational basis.

Mechanism of Hypertension

Renal Humoral Mechanism.—After Goldblatt and his associates[16], by the application of metal clamps to the main renal arteries of dogs, produced an experimental renal hypertension similar in most respects to clinical hypertensive disease, it was shown[9,30] that impairment of the renal circulation causes liberation by the kidneys of renin which acts upon one of the plasma globulins (renin activator) to form angiotonin which acts directly on the vessel walls and is the pressor substance which causes hypertension in the experimental animals. It was then shown that angiotonin injected into normal human subjects causes transient hypertension similar in many respects to clinical essential hypertension.[8,49,52] In addition, it has been found[36,37] that in patients with arterial hypertension the vasomotor responses are similar in direction and magnitude to those of normal individuals and that, therefore, the generalized increase in peripheral resistance which is responsible for the hypertension is probably not caused by neurogenic vasomotor constriction or by organic narrowing of the vessels, but more probably by a chemical substance acting directly on the vessel walls. Furthermore, in a few cases in man hypertension associated with unilateral renal disease has been relieved by removing the abnormal kidney.[41] These observations have led to the view that this renal humoral pressor mechanism is commonly responsible for the production and maintenance of clinical hypertensive disease[17,39,40,43], although attempts to demonstrate the presence of a pressor substance in the blood of patients with hypertension have been unsuccessful.[19] The impairment of the renal circulation which is thought to initiate the humoral mechanism has been attributed by some[40] to arteriosclerosis of the kidney vessels and by others[39,43] to neurogenic vasomotor constriction of the renal arterioles.

Arteriosclerosis. — The former explanation is based in part on the close correlation between hypertension during life and sclerotic narrowing of the renal arterioles[27,50] or of the main renal artery[26,55] at autopsy. Renal vascular sclerosis is almost always present in the end stage of arterial hypertension. In the earlier stages, however, a study of biopsy specimens obtained from the kidneys of patients undergoing sympathectomy shows that in about half of the cases the renal vascular changes are either absent or relatively mild.[10] In addition, many patients thought to be in an early stage of hypertension[29] display a renal functional and circulatory pattern of the type observed in experimental neurogenic hypertension[7]; they respond to a high spinal anesthesia by a reduction both of arterial blood pressure and of renal vascular resistance, a response which is not compatible with organic sclerotic narrowing of the renal vessels.[29,31] Furthermore, in many hypertensive patients the intravenous administration of pyrogenic substances is followed by a striking increase in renal blood flow, again an observation inconsistent with organic sclerotic narrowing of the renal vessels.[17,44] It is thought, therefore, that in most cases sclerotic narrowing of the renal vessels is not the cause of the hypertension, but develops eventually as a result of the hypertension.

Neurogenic Hypertension. — The evidence that clinical hypertensive disease has its inception in neurogenic vasomotor constriction is more convincing. Transient hypertension is often followed by sustained hypertension.[25] Although the value of the cold pressor test has been questioned[17] there can be little doubt that many hyper-reactors have or subsequently develop arterial hypertension.[23]

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The observation in some patients, thought to be in the early stage of hypertension, of a renal functional and circulatory pattern like that observed in experimental neurogenic hypertension, and their response to high spinal anesthesia have been mentioned, as well as the common finding of essentially negative biopsies of the kidneys in patients with early hypertensive disease. A study of renal function and circulatory dynamics in relation to the biopsy findings[48] reveals a significant correlation; in the patients whose biopsies showed little or no organic renal vascular disease the renal blood flow and glomerular filtration rate were either normal or only very slightly reduced and the filtration fraction was normal, while only in those with advanced organic renal vascular disease were the renal blood flow and glomerular filtration rate seriously reduced and the filtration fraction increased, indicating that in the earlier stages of hypertensive disease the renal clearance pattern resembles that of experimental neurogenic hypertension. Observations on the renal circulation during emotional stress show marked reduction in renal blood flow and increase in filtration fraction accompanied by a rise in systemic blood pressure, demonstrating constriction of renal arterioles in response to emotion.[44] Partial resection of the sympathetic nervous system, whether limited to bilateral supradiaphragmatic splanchnicectomy and lower dorsal sympathetic glanglionectomy[35] or more extensive but still including the splanchnic area[20], is successful in a considerable proportion of early hypertensives in reducing the blood pressure to normal, relieving symptoms and apparently arresting the progress of the disease.[34,47] The conclusion is warranted that the sympathetic vasomotor mechanism plays an important part in the production of hypertensive disease, especially in its inception; it probably also contributes an appreciable increment in well-established hypertension.

Psychic Factors.—It is thought that the vasoconstrictor mechanism is abnormally sensitive to a variety of stimuli, psychic, somatic and visceral, or that it is subjected to an increased number of such stimuli. Chief emphasis is placed on psychic stimuli, but the attempt to define a hypertensive personality has met with only limited success.[32] It is true that many hypertensive patients show a combination of submissive and aggressive trends with emotional lability and anxiety in which resentment and chronic rage, usually suppressed, are prominent features[51], but this psychological pattern is not characteristic of hypertension; a similar picture is found "in association with other psychosomatic diseases or in the absence of somatic disturbance."[29] It would seem that in addition to this psychological pattern some degree of susceptibility, constitutional or hereditary[4,13,22,28] is necessary for the development of hypertensive disease. Some persons under emotional stress find release in action or outspoken rage; others more inhibited repress their emotions which may then find expression in a variety of functional disorders, different individuals reacting differently, with headache, sweating, tremor, palpitation, disturbed gastro-intestinal motor and secretory function[54] and, it seems reasonable to suppose, neurogenic vasconstriction. It is not necessary to suppose that abnormal psychological reactions are involved in most cases; the ordinary minor annoyances and nervous and emotional tensions are probably sufficient to provoke these responses in many individuals, and only a fortunate few escape the more serious crises of life with their accompanying anxiety, grief and resentment.

Pathogenesis of Hypertension.—The evidence leads logically to a working hypothesis which attempts to explain the manner in which hypertensive disease develops, but because the evidence is incomplete and final proof is lacking it can be only a hypothesis and nothing more. In individuals predisposed by constitution or heredity a variety of stimuli, chiefly psychic, cause neurogenic vasconstriction and transient hypertension. Such stimuli, if often repeated or long continued, lead to a readjustment of the regulating mechanisms to a higher level of blood pressure and to the establishment of a more persistent neurogenic hypertension. In this early stage little or no organic disease is present and treatment is most likely to be successful. The renal arterioles participate in this neurogenic vasconstriction and this initiates the renal humoral pressor mechanism. The hypertension is now well established. Hypertension accelerates the development of arteriosclerosis, and eventually organic sclerotic narrowing of the renal arterioles develops. The disease has now reached the irreversible late stage usually found at autopsy. The available evidence does not indicate whether the establishment of the renal humoral mechanism precedes the development of renal arteriolosclerosis or vice versa. Apparently the humoral mechan-

ism can be set up in the absence of renal arteriolosclerosis[42], and in the rat[53] and probably in man[17] unilateral renal disease causing hypertension is eventually followed by arteriolar sclerosis in the sound kidney, suggesting the priority of the humoral mechanism; nevertheless pronounced reduction of blood pressure sometimes follows splanchnicectomy in patients in which organic vascular disease is well advanced[34,47], suggesting that some other factor, possibly humoral, is responsible for the late, irreversible stage of the disease. The evidence does, however, point strongly toward neurogenic vasomotor constriction as the initial stage of the disorder. This hypothesis attempts to reconcile some of the apparently contradictory observations by relating them to different stages of the disease. It is in accord with the known facts and with clinical experience. A somewhat similar concept has been proposed by others[20,29,33,46]; more recent evidence gives it additional support.

Treatment of Hypertension

The treatment of hypertension in relation to this concept of its pathogenesis is conveniently considered in four of its aspects: (1) removal of the underlying causes, (2) reduction of the blood pressure, (3) protection of vital structures, and (4) relief of symptoms. It must be confessed that in many respects the treatment of hypertension is unsatisfactory.

Removal of Underlying Causes.—Hereditary and constitutional predisposition to hypertensive disease is not at present amenable to treatment. The response to psychic stimuli, thought to be so important in causing the neurogenic vasconstriction responsible for initiating the disease, can be influenced favorably by appropriate psychotherapy.[17,29] The guidance of an understanding physician can help many individuals to consciously cultivate an attitude of calmness and indifference toward the many minor annoyances and nervous tensions of everyday life, and to accept reality as the best solution for most major emotional crises. This is often all that is indicated, but in some cases the services of a psychiatrist are required because of deeper personality problems. While psychotherapy may influence favorably one of the underlying causes of hypertension, and should be employed, it is not likely to protect completely against psychic stimuli and their consequences.

It is thought that neurogenic vasomotor constriction of the renal arterioles is essential for the development of well-established, persistent hypertension. If this is true, surgical interruption of the vasoconstrictor nervous pathways to the kidneys, before irreversible changes, whether sclerotic or humoral, have occurred, should reduce blood pressure to normal and prevent further development of hypertensive disease. Although insufficient time has elapsed to permit a final appraisal of sympathectomy for hypertension, experience indicates that in many early cases the blood pressure is reduced to normal and the progress of the disease is checked.[34,47] The failure to achieve these results in some cases is attributed to the presence of irreversible vascular sclerosis[14] or in rare instances to the presence of anomalous or abberrant nerves which have escaped resection[45] or to the regeneration of nerves.[20] It is not known if sympathectomy is effective after the establishment of the renal humoral pressor mechanism which theoretically should be self-perpetuating, but abolishing the vasomotor tone normally present might break the vicious circle. All of the various types of sympathectomy which have been successful in relieving hypertension have included the splanchnic area. Early in the course of the disease sympathectomy limited to resection of the vasoconstrictor fibers to the kidneys should be sufficient; this would not interfere with the vasomotor control of the circulation to the remainder of the body and would not be expected to prevent transient rises in blood pressure in response to exertion or emotion, but should prevent progressive hypertensive vascular disease. The more extensive sympathectomies would cause reduction of blood pressure, even after the establishment of the renal humoral pressor mechanism and the development of renal arteriolosclerosis, by removing that part of the vascular tone due to normal or excessive vasomotor activity[36,37], but these are formidable procedures and are not commonly undertaken.

Reduction of Blood Pressure.—Even though the exact level of the blood pressure and minor fluctuations in its height are not important with respect to the progressive course of the disease, persistent hypertension accelerates the development of organic changes, and for this reason any considerable artificial lowering of blood pressure should be beneficial. It is important to keep in mind that in hypertensives, as in normal individuals, there are physiological variations in blood pressure.[1,36,37]

Reassurance, assistance with emotional problems, restriction of activities and adequate rest are often followed by a moderate, and sometimes by a pronounced reduction in blood pressure. These measures are helpful and should be employed. If, in addition, some drug has been given for the purpose of lowering blood pressure it is difficult to avoid ascribing to it the benefit due in reality to the more general measures. This has given rise to unfortunate confusion and to many unwarranted hopes and claims regarding the drug therapy of hypertension.[1] In order properly to appraise any treatment for hypertension adequately controlled observations are essential, and these are often not feasible in ordinary clinical practice. When carefully controlled studies are carried out[12,24] the results are disappointing. None of a large number of drugs, commonly used or recommended, was found to cause a therapeutically significant lowering of blood pressure; the list includes various nitrates, sedatives, choline, derivatives, extracts of glands and tissues, hormones, vitamins, proprietary preparations and other substances. The effect of the nitrites is too transient to be of therapeutic value, frequent dosage for long periods is toxic. The thiocyanates cause satisfactory reduction of blood pressure in more than one third of the patients, but they are dangerous[18] and not even the precaution of obtaining frequent determinations of the level of the drug in the blood[6] will prevent occasional fatal intoxication.[11,15] The use of amine oxidases and of antipressor kidney extracts is still in the experimental stage, but the outlook for these substances is not promising. Further experience is necessary before the value of low sodium diets can be appraised.[21] Reduction of weight, always desirable in obesity, is sometimes accompanied by reduction of blood pressure. Tobacco raises the blood pressure slightly and is therefore theoretically harmful, but may be allowed in moderation in most cases; it may relieve nervous tension and promote relaxation. Coffee is usually permitted if it does not interfere with rest, but its use should be restricted because caffein reduces the renal blood flow.[44] Alcohol is not beneficial except in so far as it induces relaxation.

Protection of Vital Structures.—The cause of death in 1,264 patients with hypertension, as reported by different authors[17], was cardiac failure in 52.8 per cent, coronary thrombosis and sudden death in 13.6 per cent, cerebral vascular accident in 14.0 per cent, uremia in 8.5 per cent and other causes in 11.1 per cent. These figures emphasize the seriousness of the disease, but the outlook is not so dismal as it might seem; hypertension is usually well tolerated for many years and is serious only in its late stages. Nevertheless, certain reasonable precautions should help to postpone cardiac failure and cerebral hemorrhage. Even those hypertensive patients who are vigorous, active and free from symptoms should obtain adequate rest and refrain from strenuous physical activities. Violent exertion, competitive sports, cold baths and undue excitement are likely to cause transient pronounced elevations of blood pressure, and should be avoided. Reduction of weight lightens the demands on the heart. Measures for protecting against coronary thrombosis and uremia are less clearly defined. If angina pectoris develops, the usual treatment is indicated. Restriction of protein intake is not advisable unless renal failure has developed. A low salt intake is not necessary in the absence of edema, unless the recently proposed low sodium diet should prove practical.[21] Any lowering of blood pressure which can be achieved should retard the development of cardiac, cerebral or renal complications; when they occur the usual treatment is indicated.

In planning a program designed to protect against troubles not yet present, it is important not to alarm the patient unduly; anxiety and apprehension can be almost as distressing and incapacitating as organic disease.[2]

Relief of Symptoms.—Many individuals with hypertension are vigorous and active and have no complaints. The majority of hypertensive patients, however, present very definite symptoms, often quite resistant to treatment. The most common of these, occurring in approximately half of the patients, are irritability, headaches, dizziness, aches and pains, nervousness, insomnia and fatigue.[5,38] It has been suggested that these symptoms are due not to the hypertension but rather to vasomotor instability or psychoneurosis, chiefly because they are not closely related to the height of the blood pressure and may be relieved with little or no change in blood pressure and because similar symptoms are common in patients with hypotension or with vasomotor instability or psychoneurosis. Another group of symptoms, more suggestive of organic disease and occurring in less than one third of the patients, are dyspnea, nocturia and precordial pain.[38] Well-controlled studies have shown

that symptoms belonging to the first group are often relieved by bismuth subnitrate, potassium iodide, iodine, potassium bromide, phenobarbital and potassium thiocyanate[12], by psychotherapy[3] and by sympathectomy[35], usually without any significant alteration of blood pressure. The sedative drugs are useful in temporarily relieving nervous symptoms when they are prominent.[12] Symptoms belonging to both groups may be relieved by reassurance, psychotherapy, rest and restriction of activities, usually when the blood pressure is lowered, but occasionally when it is not altered. Dyspnea and precordial pain are often relieved by treatment of the heart condition which is causing them, even when the blood pressure remains unchanged. Relief of symptoms is desirable for the comfort of the patient, but is usually transient and does not, as a rule, indicate that the course of the disease has been modified.

Summary

Hypertension is considered from the standpoints of its cause and treatment. The available evidence suggests that in individuals predisposed by constitution or heredity a variety of stimuli, chiefly psychic, causes transient neurogenic vasoconstriction and transient hypertension, which tend to become more persistent. In this early stage little or no organic disease is present. The renal arteries participate in the neurogenic vasoconstriction. In time the renal humoral mechanism begins to function and the hypertension becomes well established. Eventually organic sclerotic narrowing of the renal arterioles develops and the disease has now entered the irreversible late stage. Psychotherapy, by minimizing the response to many stimuli or by eliminating them entirely, and sympathectomy, by interrupting the renal vasoconstrictor pathways, may check the disease in the early stage but are less effective in the later stages. Reassurance, psychotherapy, rest and restriction of activities often cause moderate reduction of blood pressure and tend to protect the heart and brain from the disasters which threaten eventually. Unfortunately there is no drug which is satisfactory for reducing the blood pressure; the thiocyanates are sometimes effective but, because they are somewhat dangerous, must be used with caution. Symptoms can often be alleviated by psychotherapy, rest, sympathectomy and such drugs as bismuth subnitrate, potassium iodide, iodine, bromides, phenobarbital and the thiocyanates even though the blood pressure is not altered.

References

1. Allen, E. V.: Why are so many preparations said to reduce blood pressure in cases of hypertension? Proc. Staff Meetings, Mayo Clinic, 17:519, 1942.
2. Auerback, A., and Gliebe, P. A.: Iatrogenic heart disease. J.A.M.A., 129:338, (Sept. 29) 1945.
3. Ayman, D.: An evaluation of therapeutic results in essential hypertension: I. The interpretation of symptomatic relief. J.A.M.A., 95:246, 1930.
4. Ayman, D.: Heredity in arteriolar (essential) hypertension—a clinical study of the blood pressure in 1,524 members of 277 families. Arch. Int. Med., 53:792, 1934.
5. Ayman, D., and Pratt, J. H.: Nature of the symptoms associated with essential hypertension. Arch. Int. Med., 47:675, 1931.
6. Barker, M. H., Lindberg, H. A., and Wald, M. H.: Further experiences with thiocyanates. Clinical and experimental observations. J.A.M.A., 117:1591, 1941.
7. Bing, R. J., Thomas, C. B., and Waples, E. C.: The circulation in experimental neurogenic hypertension. J. Clin. Invest., 24:513, 1945.
8. Bradley, S. E., and Parker, B.: The hemodynamic effects of angiotonin in normal man. J. Clin. Invest., 20:715, 1941.
9. Braun-Menendez, E., Fasciolo, J. C., Leloir, L. F., and Munoz, J. M.: The substance causing renal hypertension. J. Physiol., 98:283, 1940.
10. Castleman, B., and Smithwick, R. H.: The relation of vascular disease to the hypertensive state. J.A.M.A., 121: 1256, 1943.
11. Del Solar, A., Dussaillant, G., Brodsky, M., and Rodriguez, G.: Fatal poisoning from potassium thiocyanate used in treatment of hypertension. Arch. Int. Med., 74:241, 1945.
12. Evans, W., and Loughnan, O.: The drug treatment of hyperpiesia. Brit. Heart J., 1:199, 1939.
13. Feldt, R. H., and Wenstrand, D. E. W.: The family history in arterial hypertension: a study of 4376 insurance examinations. Am. J. M. Sc., 205:61, 1943.
14. Foa, P. P., Woods, W. W., Peet, M. M., and Foa, N. L.: Studies relative to the physiological basis of splanchnicectomy in the treatment of hypertension. Univ. Hosp. Bull., 8:9, 1942.
15. Garvin, C. F.: The fatal toxic manifestations of the thiocyanates. J.A.M.A., 112: 1125, 1939.
16. Goldblatt, H., Lynch, J., Hanzel, R. F., and Summerville, W. W.: Studies on experimental hypertension: I. The production of persistent elevation of the systolic blood pressure by means of renal ischemia. J. Exper. Med., 59:347, 1934.
17. Goldring, W., and Chasis, H.: Hypertension and Hypertensive Disease. New York: The Commonwealth Fund, 1944.
18. Goodman, L., and Gilman, A.: The Pharmacological Basis of Therapeutics. New York: The Macmillan Co., 1941.
19. Gregory, R., Ewing, P. L., Levin, W. C., and Ross, G. T.: Studies on hypertension: IV. Bioassay of vascoconstrictor substances in ultrafiltrates of citrated blood plasma from patients with normal blood pressures, patients with essential hypertension and patients made hypertensive by intravenous injections of angiotonin (hypertension). Arch. Int. Med., 76:11, 1945.
20. Grimson, K. S.: The surgical treatment of hypertension: Collective review. Internat. Abstr. Surg., 75:421, 1942.
21. Grollman, A., Harrison, T. R., Mason, M. F., Baxter, J., Crampton, J., and Reichsman, F.: Sodium restriction in the the diet for hypertension. J.A.M.A., 129:533, (Oct. 20) 1945.
22. Hines, E. A., Jr.: The hereditary factor in essential hypertension. Ann. Int. Med., 11:593, 1937.
23. Hines, E. A., Jr.: The significance of vascular hyperreaction as measured by the cold-pressor test. Am. Heart J., 19: 408, 1940.
24. Kapernick, J. S.: The blood pressure in essential hypertension: Effect of several reputedly hypotensive drugs. Am. Heart J., 26:610, 1943.
25. Levy, R. L., White, P. D., Stroud, W. D., and Hillman, C. C.: Transient hypertension: The relative prognostic importance of various systolic and diastolic levels. J.A.M.A., 128:1059, (Aug. 11) 1945.
26. Lisa, J. R., Eckstein, D., and Solomon, C.: Relationship between arteriosclerosis of renal artery and hypertension: Analysis of 100 necropsies. Am. J. M. Sc., 205:701, 1943.
27. Moritz, A. R., and Oldt, M. R.: Arteriolar sclerosis in hypertensive and non-hypertensive individuals. Am. J. Pathol., 13:679, 1937.
28. O'Hare, J. P., Walker, W. G., and Vickers, M. C.: Heredity and hypertension. J.A.M.A., 83:27, 1924.
29. Page, I. H., and Corcoran, A. C.: Arterial Hypertension. Chicago: The Year Book Publishers, 1945.
30. Page, I. H., and Helmer, O. M.: Crystalline pressor substance (angiotonin) resulting from the reaction between renin and renin-activator. J. Exper. Med., 71:29, 1940.
31. Page, I. H., Taylor, R. D., Corcoran, A. C., and Mueller, L.: Correlation of clinical types with renal function in arterial hypertension. II. Effect of spinal anesthesia. Proc. Cent. Soc. Clin. Research, 16:13, 1943.
32. Patek, A., and Weiss, S.: The tonus of the autonomic nervous system in arterial hypertension. New England J. Med., 205:330, 1931.
33. Peet, M. M.: Personal communication.
34. Peet, M. M., and Isberg, E. M.: The surgical treatment of arterial hypertension. J.A.M.A., 130:467, (Feb. 23) 1946.
35. Peet, M. M., Woods, W. W., and Braden, S.: The surgical treatment of hypertension: Results in 350 consecutive cases treated by bilateral supradiaphragmatic splanchnicectomy and lower dorsal ganglionectomy. J.A.M.A., 115:1875, 1940.

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The Prognosis of Renal Tuberculosis, Treated by Nephrectomy

Outlook of the Patient Who is Considered Unsuitable for Operative Treatment

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PROPER EVALUATION of treatment in genito-urinary tuberculosis requires several years of follow-up; and this report is concerned chiefly with the consideration of ultimate prognosis, and is an attempted analysis of various factors which might influence the final outcome.

Material considered as acceptable for this study consists of 260 cases of proven genito-urinary tuberculosis which have been followed for a minimum of five years, and includes those cases which could be traced and were diagnosed at University of Michigan Hospital between 1923 and the end of 1939. Survival periods are listed in years and fractions of years from the time of diagnosis in the unoperated cases, and from the date of surgery in those who were operated upon. The date of onset of symptoms was rather vague in many instances and was rejected as being too inaccurate for statistical purposes. Every included case had a positive diagnosis of tuberculosis; either positive smear, culture, or guinea pig inoculation for acid fast bacilli; or the pathologist's positive report on a surgical or biopsy specimen. All cases having nephrectomy had the diagnosis confirmed by microscopic examination. Every case presumed to be renal tuberculosis on the basis of clinical symptoms and signs, cystoscopic appearance of the bladder, or configuration of the lesion as demonstrated by pyelography, but which failed to fulfill one of the above listed criterions was discarded as being possibly some other disease process. Cases were accepted as having genital involvement if there was a positive biopsy or autopsy report, or a positive acid fast determination on sinus exudate; or if there was present typical long-standing epididymitis or beading of the vas deferens in a proven case of open renal tuberculosis; but patients who were found to have nodularity of the prostate by rectal examination, and who showed no other manifestations of genital involvement were excluded.

TABLE I. AGE AND SEX
260 Cases

Year	Number	Per Cent	Male	Female
0—10	2	0.8		
11—20	41	15.8		
21—30	75	30.0		
31—40	64	25.7		
41—50	44	16.9		
51 & over	28	10.8		
Total	260	100.1	184	76

Per Cent Male—70.8 Per cent Female—29.2
Oldest—83 Youngest—7 Average—33.8

Tabulation of age and sex in these 260 patients revealed nothing unexpected (Table I). In agreement with the reports of many other observers, these figures show the highest incidence in ages twenty to forty. The youngest patient was seven, the oldest eighty-three, and the average 33.8 years. There was 184 males and 76 females, or a ratio of about 2:1. This is in accord with the findings of Emmett and Kibler, but differs from the ratio of 1:1 recorded by Henline.

Enumeration of duration and character of symptoms reveals that pus in the urine and irritative bladder symptoms were present in approximately 80 per cent of the cases while about one-half of the patients complained of gross hematuria. Of especial interest is the observation that one-third of these individuals had organisms other than tubercle bacilli in the urine, and this fact has prompted us to suspect tuberculosis in every case of persistent urinary tract infection. The duration of symptoms before admission to the University Hospital varied from one month to 14 years with an average of 24.7 months.

Emmett and Kibler reported a definitely higher mortality in renal tuberculosis among males than among females; this they reasoned, was perhaps

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TABLE II. SYMPTOMS AND URINARY FINDINGS

260 Cases

	Irritative Bladder Symptoms	Hematuria	Pain or Ache	Pus in Urine	Organisms Other than AFB in Urine	Duration of Symptoms Before Entry
Number	204	114	128	216	91	Minimum—1 Mo.
Per Cent	78.5	43.9	49.3	83.2	35.0	Maximum—14 Yrs.
						Average—24.7 Mo.

TABLE III. RELATION OF SURVIVAL TO SEX

260 Cases

		Living			Dead		
	Total	Number Living	Per Cent Living	Years Since Diagnosis	Number Dead	Per Cent Dead	Years of Survival
Male	184	58	30.4	11.6	126	69.6	4.0
Female	76	40	52.6	11.5	36	47.4	6.0

TABLE IV. RELATION OF SURVIVAL TO PRESENCE OF GENITAL LESIONS

184 Male Patients

	Total Number	General Incidence	Patients Living	Per Cent Living	Years Since Diagnosis	Patients Dead	Per Cent Dead	Years of Survival
Operation on Genital Tract	29	16.6	9	4.9	15.7	20	10.9	6.3
Unoperated Genital Complications	55	29.9	13	7.1	11.9	42	22.8	3.0
Genital Lesions Without Renal Complications	13	7.1	6	3.3	10.7	7	3.8	4.2
Total	97	53.6	28	15.2		69	37.5	
Renal Lesions without Genital Complications	87	47.2	30	16.3	16.0	57	31.0	4.2

due to the greater prevalence of genital involvement in the male. However, vital statistics demonstrate that the aggregate mortality of all forms of tuberculosis is higher in males than in females, and the assumption seems logical to us that genito-urinary tuberculosis only bears out the trend for this disease process to be more fatal among males.

Cases in the present series conform to this pattern when separated as to sex (Table III), in that 52 per cent of females were alive 11.5 years after diagnosis, while only 30.4 per cent of males survived as long. Application of the chi-square formula reveals that these figures are significant and in Table IV are analyzed the 184 male patients in this series. It should be reiterated that simple irregularity of the prostate was not considered proof of genital involvement, and more positive findings composed our criterions. Forty-seven and two-tenths per cent of renal lesions had no accompanying genital complications, but only 7.1 per cent of patients with genital lesions were free from renal involvement. The implication of this is perfectly obvious. Discovery of tuberculosis anywhere in the genito-urinary tract calls for a complete urological investigation.

Twenty-eight and nine-tenths per cent of the ninety-seven males having genital or genital and renal lesions are living; 34.5 per cent of eighty-seven patients with no genital complications are surviving after an average of fifteen years. These

TABLE V. OPERATIONS FOR RENAL TUBERCULOSIS
153 Cases

	No.	Operative Mortality	Cases Living	Per Cent Living	Years Since Operation	Patients Subsequently Dead	Per Cent Dead	Years of Survival
Nephrectomy	153	0.82	77	50.3	11.0	76	49.7	5.6
Ureterectomy	5	0	0	0		5	100.0	8.8
Nephrostomy	2	0	1	50.0	4.0	1	50.0	0.1
Incision and Drainage Perinephric Abscess	10	30	4	40	11.4	3	30	0.64
Ureterocutaneous Transplant	6	33	2	33	9.1	2	66	5.9

differences are of no statistical significance and the conclusion is not permitted that a genital complication adds to the mortality in urinary tract tuberculosis.

Most authorities hold the opinion that genito-urinary tuberculosis is part of a generalized systemic disease, and with this opinion we heartily concur. No operation, however, early undertaken or skillfully carried out will overnight cure a patient of tuberculosis. Every individual with urinary tract tuberculosis has his chest x-rayed; and if positive, none is operated upon in University Hospital until the internist in charge of tuberculosis judges the lung lesion arrested or stable enough to permit the safe performance of operation.

Following operation a minimum of six months' bed rest in a sanatorium is required of every patient undergoing operation for genito-urinary tuberculosis.

Before presenting statistics on the operated cases, a brief consideration of criterions for surgical treatment in renal tuberculosis seems in order. Patients falling into one of the following groups are considered candidates for nephrectomy.

1. Unilateral renal tuberculosis: (a) Those who have unilateral renal tuberculosis as evidenced by the presence of tubercle bacilli and pus cells in the ureteral specimen of urine irrespective of roentgen signs of destruction or irrespective of irritative bladder symptoms, provided there is no active extra urinary tract focus to deter operation. (b) Cases with quiescent or controlled pulmonary or osseous tuberculosis and who have unilateral destructive renal tuberculosis which is progressing, which is of considerable extent, or which is accompanied by tuberculous cystitis.

2. Among patients who have bilateral renal tuberculosis, removal of the worst kidney is at times indicated though certainly the prognosis is less favorable in this than in the unilateral case.

Such a situation is well illustrated by Mrs. I. P., a white female who was first seen in University Hospital on May 27, 1937, complaining of pain in the right flank, burning on urination, urgency and nocturia. At that time she was found by retrograde pyelography to have a destructive lesion on the left, and a questionable small abscess cavity in the right kidney. The urine from each kidney contained pus and tubercle bacilli that were identified by guinea pig inoculations. Left nephrectomy was performed on May 28, 1937, followed by a six months' period of sanatorium care and continued program of rest at home. Irritative bladder symptoms have disappeared even though repeated analyses of urine obtained by ureteral catheter from the right kidney have been positive for pus and tubercle bacilli. When last seen on February 9, 1945, the patient felt fine and had no urinary symptoms despite a secondary bacillary infection of the bladder; 0 to 2 pus cells per oil immersion field in urine from the right kidney and pyelograms which were unchanged since 1937.

3. Operation in the face of active, unstabilized pulmonary tuberculosis is permissible in two instances: (a) In far-advanced renal tuberculosis which is producing unbearable pain, uncontrollable sepsis, or dangerous hemorrhage. (b) In rare cases in which the phthisiologist feels that an active genito-urinary focus is retarding the progress toward healing of a lung lesion.

Operative treatment was carried out in 153 of these 260 patients (Table V). Operative mortality was gratifyingly low; one death in 122 nephrectomies performed at the University of Michigan. The prognosis of tuberculous perinephreic abscess is not good: the operative mortality was 30 per cent in our experience, and 30 per cent of survivors lived less than one year. However, 40 per cent lived to have subsequent nephrectomy and their survival period was no different from those who had primary nephrectomy for tuberculosis limited to the urinary tract.

TABLE VI. FACTORS INFLUENCING SURVIVAL AFTER OPERATION

156 Cases

	Living			Dead		
	Number	Per Cent	Years Since Operation	Number	Per Cent	Years of Survival
No extra-urinary tract focus	46	29.5	10.7	29	18.6	6.9
Active or far-advanced pulmonary tuberculosis	8	5.1	10.8	9	5.8	2.6
Extrapulmonary focus	26	16.7	11.5	38	24.4	5.3
Total	80	51.3	11.0	76	48.8	5.6

TABLE VII. CAUSE OF DEATH IN PATIENTS WHO DIED SUBSEQUENT TO NEPHRECTOMY

76 Cases

Foci of Tuberculous Lesions	Residual Genito-urinary Tuberculosis	Pulmonary Tuberculosis	T.B. Location Not Stated	Other and Unknown	Total
No extra-urinary tract focus	12	0	6	13	31
Active or far-advanced pulmonary tuberculosis	2	3	4	4	13
Extrapulmonary foci	12	3	8	9	32
					76

Two operative fatalities occurred during supravesical diversion of the urine for obstruction of the functioning ureter. Both of these patients had far-advanced hydronephrosis which developed subsequent to nephrectomy. These individuals might have survived much longer had the urinary diversion been accomplished earlier; and they illustrate the fact that pyelographic follow-up after nephrectomy for tuberculosis is important. Careful postoperative study becomes imperative where serious bladder involvement is present or where irritative bladder symptoms persist.

It was felt that some additional criterion for evaluating prognosis might be obtained by separating the cases into those which had only genito-urinary tuberculosis and those which had tuberculosis in other locations as well (Table VI). Of those patients with no demonstrable extra urinary tract foci, forty-six are living and twenty-nine are dead; while of the combined group of active and far-advanced pulmonary, genital, and orthopedic compilations, thirty-four are living and forty-seven are dead. These figures are statistically significant and the conclusion is permitted that an extra-genito-urinary tract focus of tuberculous involvement does add to the mortality. This analysis demonstrates very nicely though that a considerable group of patients with multiple tuberculous lesions can be salvaged, and that the mere presence of a pulmonary or a bone and joint complication certainly does not mean that a case is hopeless. True, such situations demand the intelligent co-operation of internist, orthopedist, and urologist; but the resulting benefit to the patient may be very gratifying.

Seventy-four patients who died subsequent to nephrectomy are listed in Table VII. Admittedly, the accurate determination of the cause of death in a series of patients dying outside a hospital is impossible; but of this group it is noted that a considerable number certainly succumbed to urinary tract disease, and the majority to tuberculosis in some form.

Table VIII records the survival of eighty-six cases in which a report on the guinea pig inoculation of urine from the unoperated kidney was available. Of sixty-six individuals with no acid fast bacilli in the "good kidney," forty-seven are still alive, an average of ten years after operation; whereas of twenty patients in whom tubercle bacilli were demonstrated in the contralateral urine specimen only eight are alive. This finding is

TABLE VIII. RELATION OF SURVIVAL FOLLOWING NEPHRECTOMY TO STATUS OF THE UNOPERATED KIDNEY

86 Cases

							Cause of Death		
			Patients Living		Patients Dead		Renal T.B.	T.B. Elsewhere	Other & Unknown
"Good Kidney"	Total No.	Years of Survival	No.	%	No.	%	No.	No.	No.
Acid-fast bacilli absent	66	10.0	47	71	19	29	4	10	5
A.F.B. present	20	8.4	8	40	12	60	4	3	5

TABLE IX. FACTORS INFLUENCING SURVIVAL— NO OPERATION

91 Cases

	Living	Dead				
	Number	Per Cent	Years Since Diagnosis	Number	Per Cent	Years of Survival
No extra-urinary tract focus	8	8.8	14.1	24	27.4	3.5
Active or far-advanced pulmonary tuberculosis	3	3.3	12.8	17	18.7	2.8
Extrapulmonary focus	6	6.6	9.2	32	35.2	2.4
Total	17	18.7	12.4(AV)	73	81.3	3.0(AV)

statistically significant; and while acid-fast organisms bilaterally do not necessarily contraindicate removal of the more severely damaged organ, such a finding certainly dictates a guarded prognosis.

There were ninety-one patients who had proven renal tuberculosis but who were not operated upon either because they refused nephrectomy when advised or else they were deemed inoperable. Originally the records of a few patients who refused operation were separated from those who were deemed inoperable, but the final outcome was the same for both of these groups so that the results were combined to form Table IX. The numbers in each division are so small that valid conclusions are impossible, but the fact that there are seventeen of these people living, an average of 12.4 years after diagnosis, is amazing in itself. Generally speaking, one can say that about 85 per cent of unoperated cases will be dead in three years or less but than an unpredictable few will defy the rules and overcome an apparently hopeless tuberculous infection. There are seventeen such hardy souls in our series; five report themselves well and carrying on all their usual activities, while eight state that they are not completely well but are improved over last visit to the hospital, and four are living but unimproved.

There remains to be considered the rather controversial subject of the so-called "non-surgical" case of renal tuberculosis. This term is applied to the situation in which the organisms of tuberculosis are shown to be coming from one kidney, where pyelography may reveal a destructive lesion; and yet by election no nephrectomy is performed. Opinion on this matter varies. There are those who maintain that this attitude should never exist in good urological practice while some contend that nephrectomy is usually not indicated in early lesions until some progression of the process has been demonstrated. It is felt, at the University of Michigan, that non-surgical cases do occur, but that they are few in number; and that they should demonstrate the following characteristics: (1) The individual should clinically have shown reasonably strong reparative power against tuberculosis; (2) he should be free from important bladder involvement; (3) the renal lesion should be of small extent, and (4) tuberculosis elsewhere, such as, a pulmonary or bone and joint lesion must be pres-

ent which in itself will keep the patient hospitalized and under close observation for a matter of years. Otherwise we feel that the surgeon is not justified in committing a patient to a sanatorium for years while watching a solitary focus of tuberculosis which could be removed. Furthermore, there is little evidence that an appreciable number of such cases will become arrested.

Five patients of the 260 fell into this "non-surgical" category. Three are dead 2.4, 5.2, and 7.5 years after the diagnosis was established while one is living 5.8 years after diagnosis, and one, L. K., is living 9.4 years after right renal tuberculosis was proved. This last patient was first seen on the urology service, August 7, 1935, because of hematuria; and he was found to have far advanced pulmonary tuberculosis, bilateral epididymitis, and distortion of the lower major calyx on the right as revealed by pyelography. Guinea pig inoculation of both ureteral specimens however were negative. Roentgenological check-up in 1936, 1937, and 1938 showed persistent distortion of the pyelogram, deposition of calcium in the parenchyma of the right kidney between 1936 and 1937, and positive results upon guinea pig inoculation of right kidney urine. During these years he had a seven-rib thoracoplasty performed in six stages: first, second, third and anterior primary stages, and a first- and second-stage secondary rib resection. As reported by his local physician on January 19, 1945, he is alive, and his tuberculosis is quiescent. Only complaint listed was occasional shortness of breath.

Summary and Conclusions

Data are presented on 260 cases of genito-urinary tuberculosis which have been followed for a period of five years or more. It is pointed out that in this series, males are affected more frequently than females in a ratio of about 2:1, and that the urine in about one-third of the cases was secondarily infected by organisms other than the tubercle bacillus. A 50.3 per cent of nephrectomized cases are living an average of 11 years after operation, while 81.3 per cent of cases not operated upon have died in an average of three years. We were unable to demonstrate that an accompanying genital complication in the male adds to the mortality of renal tuberculosis, and we assume that the higher death rate among males is due to the higher mortality of tuberculosis generally in this group.

Three facts derived from these figures are proven to be statistically significant:

1. In nephrectomized patients, a lower rate of survival will be present in the group having acid-fast bacilli demonstrated by guinea pig inoculation in the urine from the unoperated kidney than in those with normal urine on the "sound" side.

2. In urinary tract tuberculosis the survival of females is greater than that of males.

3. The mortality rate of genito-urinary tuberculosis is adversely influenced by the presence of the bone and joint or pulmonary lesions.

Bibliography

Emmett and Kibler: J.A.M.A., 111:2351, 1938.
Henline: Surg. Gynec. & Obst., 57:231, (August) 1933.
U. S. Dept. of Commerce: Tuberculosis mortality in the United States in 1943. Vital Statistics, 21:122, 1943.

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HYPERTENSION

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36. Pickering, G. W.: The peripheral resistance in persistent arterial hypertension. Clin. Sc., 2:209, 1936.
37. Prinzmetal, M., and Wilson, C.: The nature of the peripheral resistance in arterial hypertension with special reference to the vasomotor system. J. Clin. Invest., 15:63, 1936.
38. Riseman, J. E. F., and Weiss, S.: The symptomatology of arterial hypertension. Am. J. M. Sc., 180:47, 1930.
39. Schroeder, H. A.: "Essential" hypertension: A concept of its mechanism. Am. J. M. Sc., 204:734, 1942.
40. Scott, R. W.: Clinical aspects of arteriosclerosis. J. Michigan State M. Soc., 42:611, 1943.
41. Sensenbach, W.: Effects of unilateral nephrectomy in treatment of hypertension: An evaluation. Arch. Int. Med., 73:123, 1944.
42. Shorr, E., Zweifach, B. W., and Furchgott, R. F.: On the occurrence, sites and modes of origin and destruction, of principles affecting the compensatory vascular mechanisms in experimental shock. Science, 102:489, (Nov. 16), 1945.
43. Simonds, J. P.: Renal pathological changes in hypertension and glomerulonephritis. J.A.M.A., 120:89, 1942.
44. Smith, H. W.: Physiology of the renal circulation. Harvey Lectures, Series XXXV, 166, 1939-40.
45. Smithwick, R. H.: A technique for splanchnic resection in hypertension. Surgery, 7:1, 1940.
46. Smithwick, R. H.: Surgery of the autonomic nervous system: Method of study with particular reference to the interpretation of clinical results. New England J. Med., 226:605, 1942.
47. Smithwick, R. H.: Surgical treatment of hypertension: Effect of radical (lumbodorsal) splanchnicectomy on the hypertensive state of 156 patients followed 1 to 5 years. Arch. Surg., 49:180, 1944.
48. Talbott, J. H., Castleman, B., Smithwick, R. H., Melville, R. S., and Pecora, L. J.: Renal biopsy studies correlated with renal clearance observations in hypertensive patients treated by radical sympathectomy. J. Clin. Invest., 22:387, 1943.
49. Taylor, R. D., and Page, I. H.: The effect of antipressor kidney extract, angiotonin, methyl guanidine and tyramine on cardiac output as measured by the ballistocardiograph in hypertensive and normal persons. Am. J. M. Sc., 205:66, 1943.
50. Volhard, F., and Fahr, Th.: Die Brightsche Nierenkrankheit. Berlin: Julius Springer, 1914.
51. Weiss, E.: Psychosomatic aspects of hypertension. J.A.M.A., 120:1081, 1942.
52. Wilkins, R. W., and Duncan, C. N.: The nature of the arterial hypertension produced in normal subjects by the administration of angiotonin. J. Clin. Invest., 20:721, 1941.
53. Wilson, C., and Byrom, F. B.: Vicious circle in chronic Bright's Disease: Experimental evidence from hypertensive rat. Quart. J. Med., 10:65, 1941.
54. Wolf, S., and Wolff, H. G.: Human Gastric Function. New York: Oxford University Press, 1943.
55. Yuile, C. L.: Obstructive lesions in the main renal artery in relation to hypertension. Am. J. M. Sc., 207:394, 1944.

Dystrophia Myotonica

Report of Two Cases, with Associated Hyperostosis Frontalis Interna in One

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DYSTROPHIA MYOTONICA is an inherited and progressive muscular dystrophy of relatively rare occurrence, although over two hundred cases have been reported. The American literature contains gratifyingly comprehensive reviews of the subject by Waring and Ravin[4,5,6,7,8], and the reader is referred to their interesting studies for details. In brief résumé, dystrophia myotonica is a myopathic disorder characterized by the occurrence of many or all of the following features:

1. *Myotonia,* or prolongation of muscular contraction beyond the time when the stimulus has ceased acting: the myotonia of this disease is usually most evident in the muscles of the forearm and hand, and may be produced by voluntary contraction, or by mechanical or electrical stimulation of the muscles. Myotonia generally decreases in degree after repeated contractions of the muscle, and is relieved temporarily by the administration of quinine, quinidine, adrenalin, or calcium. Emotional disturbances, cold, prostigmin, and potassium chloride usually increase the myotonia.

Myotonia, or muscular weakness and atrophy, usually is the initial complaint, and generally develops in the third or fourth decades.

Electromyographic studies[1] have indicated that difficulty in relaxation of a voluntarily contracted myotonic muscle is due to reflex (central) spasm of the prime movers and synergists.

2. *Hereditary Background.*—Careful studies of family histories of patients with dystrophia myotonica have indicated that the disease is transmitted as a single factor dominant, which is modified by "progressive inheritance," i.e., the onset of the disease occurs in earlier ages and increases in severity in successive generations. However, as has been pointed out[4], "because of the presence of progressive inheritance, on the one hand the parents of many patients may show little or no signs of the disease, and on the other hand the children of parents tend to develop the disease so early as to prevent further propagation, and the disease dies out in the family." In neither of the cases presented here was the hereditary factor evident either in the neuromuscular system or in the lens of the eye which usually exhibits characteristic changes as noted below.

3. *Cataract.*—The cataract begins in the posterior cortex of the lens, and lens changes are evident in almost all cases if slit-lamp examination is performed.

4. *Muscular Atrophy.*—The atrophy is progressive, and constitutes the most important characteristic of dystrophia myotonica. Most typically, the atrophy involves the muscles of the face and neck, the forearms, the extensors of the leg, and the dorsiflexors of the feet. The atrophy of the temporal muscles produces deep temporal hollows; the face becomes pinched, the cheeks sunken, and the term "hatchet-face" most appropriately describes the appearance of the patient in the late stages. As the atrophy progresses, the tendon reflexes diminish and disappear.

5. *Alopecia.*—Alopecia is a rather characteristic finding, occurring in about half of the reported cases.

6. *Endocrinologic Disturbances.* — Testicular atrophy and impotence are common in male patients, and frigidity and menstrual irregularities are common in female patients. A low basal metabolic rate is usually found. Because the theory had been advanced[2] that endocrine dysfunction might be responsible for the muscular changes in dystrophia myotonica, Rymer and Ravin[6] studied the glucose tolerance tests in several patients with this disorder, since advanced dysfunction of the pancreatic insular tissue, anterior pituitary or adrenal cortex is commonly reflected in aberrations of carbohydrate metabolism; however, they found no significant difference in glucose tolerance between the patients and the controls. The first patient whose clinical history is recorded here had diabetes and a colloid goiter, suggesting that endocrinopathy may be an important factor.

7. *Late Changes.*—In the well-advanced stages of the disease, emaciation and psychic deterioration are common. Death usually results either from progressive asthenia or intercurrent infection.

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With the view of possibly aiding in the eventual clarification of this interesting disease, two additional case histories are herewith recorded.

Case Records

*Case 1.**—A thirty-five-year-old white married woman was admitted to the hospital on September 25, 1939, complaining of difficulty in walking of nine years' duration.

The patient's mother had died of carcinoma of the stomach at the age of forty-nine years. The father had had asthma, but died of injuries sustained in an accident. There was no history of muscular dystrophy in the patient's parents, and examination of the patient's sibling and the patient's daughter revealed no abnormalities.

When the patient was sixteen years old, she had noted slight swelling in the suprasternal area and had been told that she had a goiter; there had been no symptoms suggestive of thyrotoxicosis. A bilateral salpingo-oöphorectomy for the removal of a papillary cystadenoma of the ovaries was performed when the patient was thirty years old. Diabetes mellitus was discovered in 1936, when she was thirty-two years old, and was controlled solely by diet until 1938, at which time insulin was prescribed. A peripheral neuritis developed in 1938 and responded to intensive thiamin therapy. Fractures of the left radius and the right navicular were sustained as a result of falls in 1938; the fractures healed readily with the usual treatment. The menstrual history was normal, with the menarche at fourteen years and an asymptomatic menopause after the oöphorectomy. The patient had one child, a fourteen-year-old daughter. Venereal diseases were denied. The patient had been born in New York City and had lived there her entire life, working as a stenographer prior to her marriage. She did not use alcoholic beverages, tobacco, or drugs.

The present illness began in 1931, at which time the patient noted weakness and unsteadiness in the lower extremities resulting in frequent falls, and associated with vague intermittent needle-like pains in the legs and thighs. Weakness of the arms developed in 1933, and at about the same time the patient found that she occasionally had difficulty in opening her hands after having grasped an object tightly. The diagnosis of dystrophia myotonica was established in 1934, and the disease had been slowly progressive since its onset. In August, 1939, the patient was admitted to another hospital because of a three-month history of post-prandial epigastric pain and vomiting, and a weight loss of twenty pounds. The vomiting decreased in frequency as the diabetes was controlled with diet and insulin, and the gastrointestinal difficulties subsided gradually. The patient entered our institution primarily because of persistent weakness and difficulty in walking. Aside from anorexia, constipation, and occasional headaches and vertigo, the system review was not remarkable.

Physical examination revealed a severely malnourished and weak white female weighing only seventy-three pounds, about sixty-two inches in height, with a normal temperature and respiratory rate, and a labile pulse rate. The facial expression was querulous and typically "hatchet-face." The patient was alert and co-operative. There was well-advanced atrophy of the following muscles: masseters, temporalis, sternocleidomastoids, deltoids, rhomboids, pectoralis, glutei, and gastrocnemii. The facial muscles were weak, and there was bilateral foot-drop. Lumbar lordosis was pronounced. Myotonic contractions of the hands were readily elicited. All deep tendon reflexes were absent. The superficial reflexes and the cranial nerves were normal. There were no muscular fibrillations, and no sensory defects except for hyperesthesia of the calves and soles. The thyroid gland was slightly enlarged, and firm in consistency. The blood pressure was 114/78. General physical examination was otherwise not remarkable.

The red blood cells numbered 4.18 million per cubic millimeter, with 68 per cent hemoglobin. The white cell count was 6,500 per cubic millimeter, with a normal differential. The blood Wassermann test was negative. The urine was consistently sugarfree on a moderately high carbohydrate (200 G.) diet without insulin. The fasting blood sugar varied between 85 and 100 milligrams per cent. The blood urea nitrogen varied from 11.4 to 16.8 milligrams per cent. The basal metabolic rate was minus 24. Electrocardiographs and x-ray of the chest were not remarkable. An x-ray of the skull revealed hyperostosis of the inner table. Attempts to do a barium study of the gastro-intestinal tract were frustrated because the patient vomited the mixture. A barium esophagram was normal, and a gastro-intestinal series performed in August, 1939, at another hospital was reported to have revealed no organic lesion of the stomach, esophagus, or duodenum, although esophageal spasm was present. A phenolsulphonethalein excretion test was normal, with 62.5 per cent excretion in two hours.

There was slight intermittent elevation of the patient's temperature to levels of about 99.4 degrees Fahrenheit throughout the course.

Course.—The patient was given quinine ethyl carbonate, 0.5 gram twice daily, with pronounced improvement in the myotonia; however, persistent vomiting developed, and on November 4, 1939, the quinine was discontinued. The vomiting continued, and ketonuria developed which was attributed to starvation, since there was no glycosuria. Antispasmodics, intravenous fluids, and other symptomatic measures were of no avail. The patient failed gradually and died on January 1, 1940.

At postmortem examination, a scirrhous adenocarcinoma of the cardiac end of the stomach was found which tended to obstruct the cardia. The neoplasm infiltrated the tail of the pancreas, binding it to the stomach, and there was a metastatic nodule in the pelvis. Generalized muscular atrophy was present, and on microscopic examination degeneration of the muscle fibres was found, with hyalinization of individual fibres. The lungs showed slight atelectasis and edema. The pancreas exhibited marked sclerotic changes in the vessels, and patchy areas of fibrosis. The liver revealed marked

*The superintendent of the Goldwater Memorial Hospital, New York, N. Y., has granted permission to report this case.

fatty infiltration throughout but no metastases. The heart was hypoplastic (275 grams), and there were small atheromatous plaques on the mitral and aortic valves. The cardiac muscle fibres also exhibited atrophy. The



Fig. 1. Photograph demonstrates the alopecia, the temporal hollows, the atrophy of the pectoralis, sternomastoid, and deltoid muscles, the bilateral foot drop, and the pseudohypertrophy of portions of the deltoids (Case 2).

aorta exhibited slight arteriosclerotic changes. The genito-urinary tract was normal, except for a moderate cystitis and absence of the Fallopian tubes and ovaries.

The thyroid was enlarged, weighing thirty grams, and contained somewhat dilated acini, with flattened epithelium, and abundant colloid. The pituitary was of normal size, but there was an apparent increase in the number of eosinophilic cells. The frontal portion of the calvarium was very thick, measuring two centimeters on section, while the occiptal bone was 0.5 centimeter thick. The superior portions of the frontal inner table and the basal portion of the anterior fossa of the cranium exhibited hyperostosis. The other organs were not remarkable.

Case 2.—A forty-one-year-old American-born married white man was admitted to the U. S. Marine Hospital at Detroit, Michigan, on August 19, 1942, complaining of inability to walk of two and one-half years' duration, and a non-productive cough associated with slight dyspnea of two weeks' duration.

The family history was not remarkable, and there was no knowledge of cataract or neuromuscular abnormalities in any immediate relative.

The past history included measles, mumps, and pertussis in childhood, and frequent respiratory infections. Illnesses diagnosed by physicians as pneumonia occurred at the ages of two years, eighteen years, and forty years. At the age of twenty years the patient contracted gonorrhea, but denied having had lues. The surgical history consisted of a varicocelectomy at nineteen years, an appendectomy at thirty-three years, a fracture about the right ankle at thirty-four years, and excision of a sebaceous cyst of the face at thirty-five years.

The patient's social history was not unusual. He had completed two years of high school, was a laborer in a munitions factory before World War I, and worked at odd jobs from 1918 until he was incapacitated by his present illness in 1939. He smoked two to three packages of cirgarettes daily, and indulged in an occasional highball.

The present illness began in December of 1918 when the patient noticed weakness of the right thumb. The weakness progressed, involving the muscles of the right hand and forearm, and the left hand and forearm during the following year. At that time (1919), he first noticed difficulty in relaxing the fingers after clenching his hands. Slight atrophy of the forearm and hands was noted about 1920 or 1921, but there was no involvement of the lower extremities until 1924, when weakness of the legs became apparent. Weakness of the upper and lower extremities, with prolongation of the contraction of the muscles of the hands and forearm persisted to the patient's admission to the hospital. From 1939, the weakness of the legs was of such degree that the patient was unable to walk.

Cardiovascular system.—Since 1938 the patient had noted intermittent episodes of irregular palpitation associated with dyspnea, generally initiated by exertion, and sometimes accompanied by dependent ankle edema. During one of these episodes, an electrocardiogram had revealed auricular fibrillation and left deviation of the electrical axis. The patient had taken digitalis intermittently since 1938 for control of these attacks, with partial success.

Respiratory system.—The patient had a long history of frequent upper respiratory infections, usually not incapacitating him, associated with cough and dyspnea, the most recent episode having started two weeks prior to entry.

Genito-urinary system.—There had been progressive decrease in libido during the course of the disease, especially since 1939.

Other systems were normal, except as noted in the history.

Physical examination.—The patient was a moderately obese white man, appearing chronically ill, rational, and oriented, but with a rather demanding and irritable personality. The head exhibited almost total alopecia. The neck was normal; the thyroid was not enlarged. Ex-

ternal ocular movements were normal, but the pupils, although equal, round, and regular, did not react to light and accommodation. No abnormality of the fundi or lenses was detected by ophthalmoscopic examination. Ears, nose, and throat were normal. Examination of the lungs revealed scattered inconstant, loud, high-pitched musical rales (rhonchi), and a few fine moist rales at both bases posteriorly; breath sounds, voice sounds, and percussion notes were normal. The heart was not enlarged and no murmurs or thrills were detected; the sounds were of good quality, and the second sound at the apex was split. The rhythm was regular, of sinus origin, and the blood pressure was 122/68. The abdomen was normal except for an old scar in the right lower quadrant. The rectum and genitalia were normal.

Neuromuscular examination indicated a generalized decrease in motor power. Myotonia was evident most characteristically when the fist was clenched, the patient being unable to open his fist readily, although there was no resistance to passive extension of the fingers. Myotonia was present in other motions of the upper extremities (flexion at the wrist and elbow), but was not present in the lower extremities. There was atrophy of the muscles of the hands, forearms, and arms, of the pectoralis muscles, the rhomboids, the temporal muscles, and the gastrocnemius muscles. A pseudohypertrophic appearance of portions of the deltoid and gastrocnemius muscles was present (see photographs). No fibrillations were apparent. All deep reflexes were absent, and bilateral foot drop was present. Superficial reflexes were normal. Sensory perception was intact in all modalities.

Laboratory data.—Routine urinalysis and blood count were normal, but the sedimentation rate was 25 mm. in an hour. The blood Kahn was negative. The basal metabolic rate was minus 4.

The urinary creatinine excretion was 1.026 G. per cent (normal 1-1.5 G. per cent), and creatine was present in the urine in a concentration of 0.204 G. per cent.

Roentgenologic examination of the chest revealed peribronchial infiltration in the right middle lobe and some plate-like areas of atelectasis. The appearance suggested the residue of some parenchymal inflammation, and the possibility of bronchiectasis.

Course.—The patient's hospital stay was afebrile and uneventful. Treatment consisted primarily of measures directed against the chronic bronchitis (rest, sedative cough mixtures, steam inhalation, and postural drainage). The maintenance dose of digitalis was continued. The chronicity of the myotonia, and the repeated failure of variegated therapeutic regimes in the past discouraged us from attempts to treat the primary disease. We would have liked to have tried quinine in this patient, since he had never received that drug and it had been found of great benefit in relieving the myotonia in the patient previously described who had been seen two years previously. However, restriction then current on quinine precluded its use. The patient was discharged on August 31, 1942.

Final diagnoses.—(1) Dystrophia myotonica; (2) chronic bronchitis; (3) cardiac disease, paroxysmal auricular fibrillation, etiology undetermined.

Comment

The first history recorded here is of particular interest because of the association of hyperostosis frontalis interna with dystrophia myotonica. Hyperostosis frontalis interna, or metabolic craniopathy, has been reviewed recently by Knies and LeFever[3] and is a syndrome with endocrine, metabolic, and neurologic changes associated with alterations in the bony structure of the skull, and appears to be closely related to pituitary dysfunction. The syndrome is uncommon in the male as compared with the female, and ovarian insufficiency is suggested as a possible pathogenetic factor by the prominent incidence of castration and menstrual abnormalities in the female cases recorded in the literature. Of twenty-three females with metabolic craniopathy reported by Knies and LeFever[3], four had been castrated by surgical procedures or irradition; a similar history was present in the first case presented here.

Metabolic disturbances and neuropsychiatric disorders are common in hyperostosis frontalis interna, and the association of this syndrome with dystrophia myotonica in the first patient suggests the possibility of a common endocrine denominator. It would be of interest to determine whether the association here was merely coincidental, or whether it is of frequent occurrence.

Summary

1. The clinical features of dystrophia myotonica are briefly reviewed.
2. The clinical histories of two patients are recorded in one of whom hyperostosis frontalis interna was found.
3. The possibility of a common underlying defect in dystrophia myotonica and hyperostosis frontalis interna is suggested.

Bibliography

1. Denny-Brown, D., and Nevin, S.: The phenomenon of myotonia. Brain: 64:1, 1941.
2. Janney, N. W., Goodhart, S. P., and Isaacson, V. I.: The endocrine origin of muscular dystrophy. Arch. Int. Med., 21:188, 1918.
3. Knies, P. T., and LeFever, H. E.: Metabolic craniopathy: Hyperostosis frontalis interna. Ann. Int. Med., 14:1858, 1941.
4. Ravin, A., and Waring, J. J.: Studies in dystrophia myotonica. I. Hereditary aspects. Am. J. M. Sc., 197:593, 1939.
5. Ravin, A., and Waring, J. J.: Studies in dystrophia myotonica. IV. Myotonia: Its nature and occurence. Ann. Int. Med., 13:1174, 1940.
6. Rymer, M. R., and Ravin, A.: Studies in dystrophia Myotonica. VI: Results of glucose tolerance tests. J. Lab. & Clin. Med., 26:1506, 1941.
7. Waring, J. J., and Ravin, A.: Dystrophia myotonica. Internat. Clin. 3. 89, 1938.
8. Waring, J. J., Ravin, A., and Walker, C. E.: Dystrophia myotonica. II: Clinical features and treatment. Arch. Int. Med., 65:763, 1940.

Some Newer Uses of Roentgen Therapy

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IN THE PAST few years, therapeutic doses of x-rays have been found to be very useful in the treatment of many inflammatory and glandular diseases which are often refractory to the older and more usual methods of medical treatment. It must, however, be frankly stated, to begin with, that the exact method and mechanism by means of which small doses of x-rays affect inflammed tissues so as to stimulate the healing process is not definitely known. It is the majority opinion, however, that the local destruction of lymphocytes and other white blood cells caused by the x-rays results in the liberation of lymphocyte antibodies and other antibacterial substances into the surrounding tissues.[6] X-rays have no direct antibacterial action, except in very large doses.

In general medicine this property of small x-ray doses of stimulating the healing of acute or chronic infections has been found to be very useful in treating carbuncles, cellulitis, and boils, which can often be aborted or greatly shortened in their course by two or three small doses a few days apart.[6] In a similar manner, acute infections of several internal organs, especially the brain and lungs, can be treated with good results, and Portmann[7] at the Cleveland Clinic has recently reported 60 per cent cures and 30 per cent improved in fifty cases of encephalitis which were treated within two months of the onset of the disease. As many of these diseases do not respond well to penicillin or the sulfa drugs, this is really a useful method of treatment.

In diseases of the ear, nose and throat, many uses have been found for this radiation effect on inflammatory disease:

1. In acute otitis externa and furunculosis of the auditory canal, small x-ray doses are usually quite effective in relieving the acute pain and clearing up the infection.[6]

2. In acute and chronic otitis media and mastoiditis, repeated small doses will often clear up an infection which has not responded well to penicillin or the sulfa drugs.[6]

3. In chronic hyperplastic sinusitis, relief of pain and discharge can often be obtained when the more usual sinus treatments are not fully effective.[5] In acute sinus infections radiation therapy is not generally indicated, because the most pressing requirement in these cases is adequate and complete drainage of the infected area.

4. In pyogenic cervical adenitis of infants and children small x-ray doses are very helpful in quickly reducing the pain and swelling.

5. Besides these uses in inflammatory diseases, the long-known great sensitivity of lymphoid tissue to radiation can be used to great advantage in treating recurrent adenoidal growths in the nasopharynx in children, and in relieving blocked eustachian tubes in adults resulting from hyperplastic lymphoid tissue around the eustachian orifice in the nasopharynx. It has been shown, by Hawley[3] that four moderate doses on alternate days will shrink down these hyperplastic lymphoid nodules very rapidly. Local radium applications to the nasopharynx can also be used for this purpose, but with some resulting discomfort for the patient. This type of treatment is often effective in relieving the symptoms of tinnitus, roaring, et cetera, which result when the eustachian tubes are chronically blocked by adenoid tissue or by swelling produced by a chronic infection in or around the tube.

In pediatrics, a common lesion for which x-ray therapy is now more widely used, is the various types of hemangiomata. Until a few years ago local radium treatment was generally believed to be the best treatment for these lesions, although it has long been known that x-rays and the gamma rays from radium have identical action on all tissues when used in equivalent doses. As has been pointed out by Prouty[8] and others, radiation with x-rays is now the method of choice, because a more homogeneous, better-controlled, and less penetrating dosage is possible with modern shock-proof apparatus. The preference for radium developed in the period of open x-ray tubes, when it was difficult and dangerous to treat babies rapidly and accurately. By giving repeated moderate doses (300-400 r) at intervals of two or three months, nearly all hemangiomata can be cleared up very successfully. Care must be exercised to avoid over-

dosage in treating lesions over the epiphyses of the long bones, to avoid future stunting of their growth. Treatment should preferably be begun before six months of age, as the endothelial cells composing these tumors are then most sensitive to radiation.

In orthopedics there are a few diseases which are helped by radiation therapy. Behrens[2] has recently emphasized the good results in subdeltoid bursitis, cervical arthritis, and related diseases of the neck and shoulder:

1. In subdeltoid bursitis, repeated small doses are often effective in acute and subacute cases, especially when there are calcium deposits in the region of the bursa or the insertion of the supraspinatus tendon.

2. In ankylosing spinal arthritis (Marie-Strumpell type), moderate doses to wide fields usually relieve pain but do not generally stop the progress of the disease.

3. In hypertrophic cervical arthritis a few moderate doses often relieve the painful symptoms.

4. Ganglia, if fairly soft and recent, will generally absorb after one or two large doses at monthly intervals. Old, hard ganglia are not much affected.

In gynecology, increasing use is being made of the stimulating effect which small doses of x-rays have upon the endocrine glands in the treatment of amenorrhea, dysfunctional uterine bleeding in young women, and in sterility due to female insufficiency. In cases of this type, small doses directed to both the ovaries and pituitary glands will often produce very satisfactory results.[9] This is an entirely harmless procedure if the proper small doses (50-70 r) are used. Besides these, there are of course several diseases of older women in which the inhibiting effect of larger x-ray doses on glandular and secretory tissue is made use of:

1. In functional or menopausal hypermenorrhea (hypertrophic endometritis), a complete artificial menopause may be induced by a sterilization dose which stops the menstrual activity entirely. The usual menopause symptoms, such as hot flashes, et cetera, usually occur afterwards, but they are no more severe than would occur normally later.

2. Uterine fibroid tumors of moderate size may be treated very successfully when surgery is refused or is not indicated. The fibroid disappears entirely or becomes very small in size, due to the direct action of the radiation on the fibroid tissue and the removal of the ovarian stimulus.

3. In endometriosis, pressure symptoms are relieved after a sterilization dose, due to removal of the internal secretory ovarian stimulation on the ectopic endometrial tissue.

In the treatment of malignant diseases there are only a few relatively new uses of Roentgen therapy:

1. In pituitary tumors the best therapeutic results have been obtained from intensive irradiation therapy.[4] The chromophobe adenomas, which compromise 80 per cent of pituitary tumors, are sensitive to large radiation doses. Results must be judged by improved visual fields and loss of headache. The acidophile tumors which cause giantism and acromegaly are more sensitive to radiation than the malignant chromophobes and should always be treated by radiation therapy. Results in both groups are better than with surgery, so that adequate irradiation therapy is the treatment of choice. It should not be used only as an adjunct to surgery, as pre-operative or post-operative therapy.

2. In breast carcinomas, especially moderately advanced cases, pre-operative x-ray therapy given over a two weeks' period one month before surgery appears to result in 10 to 15 per cent better late results.[10] This should preferably be followed by the usual postoperative series.

3. In late, advanced, ulcerating breast cancers, remarkable palliative results can be obtained, with clearing and healing of the ulcerated areas in most cases. This is especially true in older women with cancers of the slowly growing type who are in poor general physical condition and are not good surgical risks.

4. In uterine carcinoma, combined irradiation therapy with deep x-ray and radium is still giving the best therapeutic results. In cervical carcinoma, the x-ray series is preferably given first, followed by local radium in four to six weeks.[1] In fundus carcinoma, the best results are obtained by hysterectomy six weeks after an adequate series of x-ray treatments to the pelvis have been completed.

Summary

Small doses of roentgen rays have the property of stimulating the healing of most acute and chronic infections, and this quality can be made

use of very advantageously in the treatment of many diseases which often respond poorly to penicillin or the sulfa drugs. The great sensitivity of lymphoid tissue to irradiation has resulted in the increasing use of x-rays for the treatment of recurring adenoidal and tonsillar growths in the throat and nasopharynx, and in the treatment of blocked eustachian tubes resulting from chronic infection or lymphoid hyperplasia.

Small x-ray doses also have a stimulating effect upon the glands of internal secretion, especially the pituitary and ovary, while larger doses have an inhibiting or destructive effect upon all glandular tissues, which are more sensitive to radiation than other body tissues, except lymphoid tissue.

Most malignant diseases of the external body surface and a relatively few internal malignant diseases, especially those of the pituitary gland and the uterine cervix, are preferably treated by irradiation alone, while most other internal cancers, especially those of the breast, are preferably treated by a combination of surgery and irradiation.

References

1. Behney, C. A., and Howson, J. Y.: Carcinoma of the cervix: End results. Am. J. Obst. & Gynec., 47:506, (April) 1944.
2. Behrens, C. F.: Some Roentgenologic considerations pertaining to upper extremity pain. J.A.M.A., 127:888, (April 7,) 1945.
3. Hawley, S. J.: Roentgen treatment of lymphoid tissue in the nasopharynx. Radiology, 43:754, (Sept.) 1944.
4. Kerr, H. D., and Cooper, W. K.: Roentgen therapy of pituitary adenomas. Am. J. Roentgenol., 48:467, (Oct.) 1942.
5. Maxfield, J. R., and Martin, C. L.: Evaluation of roentgen therapy in sinus disease. Radiology, 34:300, (March) 1940.
6. Pendergrass, E. P., and Hodes, P. J.: Roentgen irradiation in the treatment of inflammations. Am. J. Roentgenol., 45:74, (Jan.) 1941.
7. Portmann, U. V., and Lough, R.: Roentgen therapy for acute encephalitis. Am. J. Roentgenol., 53:597, (June) 1945.
8. Prouty, J. V.: Treatment of hemangiomas with roentgen rays. Am. J. Roentgenol., 54:172, (Aug.) 1945.
9. Riedenberg, Leon: Low dosage irradiation to the pituitary gland and ovaries in amenorrhea and dysfunctional uterine bleeding. Am. J. Obst. & Gynec., 45:971 (June) 1943.
10. Soiland, A.: Pre-operative irradiation of breast cancer. Radiology, 38:537, (May) 1942.

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LESS BED REST FOR THE AGED

A number of problems are involved in the progressive aging of the people of this country. The number of persons sixty-five years old or older has increased five times as rapidly as the general population in the last ten years. They now number more than nine million. They require far more medical attention and hospital care than the average. Dublin states that while the rate of invalidism at all ages is eleven per thousand, it is 53.5 per thousand at ages sixty-five to seventy-five.

It is now generally recognized that prolonged rest in bed may be harmful. Curtailing this period will not only relieve hospital congestion but benefit the patient. Dr. J. F. Norman in *Minnesota Medicine* (Vol. 28, p. 803) advocates application of this principle to the aged especially. He found that among 4,000 patients admitted to two hospitals, the average stay was 9.83 days; while for those sixty-five and over, it was twice as long. After long rest in bed, blood clots are likely to form. As the circulation grows feebler, hypostatic bronchopneumonia often sets in and leads to death. Wound healing is more rapid with early rising after operation, and wounds have fewer ruptures. Shortening the stay in bed has a very important psychological benefit. It inspires hope in the elderly patient that he is going to get well and thus aids recovery.

HEALTH OF EUROPEAN CHILDREN

The health of European children has been seriously threatened by undernourishment under the six years of German occupation. One quarter of all children in the lower grades of schools throughout the Republic have tuberculosis and another 50 per cent are threatened with that dread disease. Deaths from tuberculosis in 1944 were nearly twice the number in 1938. The incidence of tuberculosis seems to increase in spite of all efforts to control it. The chief need is for really adequate nourishment, which is simply unattainable as yet, even with the help of UNRRA and the private American relief agencies which are helping to the full extent of their resources.—Dr. A. Prochazka, The Czechoslovak Minister of Health, Report to Parliament, Jan. 30, 1946.

DOROTHY THOMPSON SEES DANGER IN HEALTH BILL

(Continued from Page 466)

I myself am in a group insurance which provides hospitalization for my whole family for $24 per year.

Co-operative medical schemes are voluntary, efficient, cheap of administration, and cheap for the participants and could be standardized on a high level. State schemes are bureaucratic, heartless, and open to dangerous collusion between assembly-line physicians and patients at the public cost—as those know who have lived under them. The novelists are the best reporters. Those who think this proposal is "progress" should read "How Green is my Valley"; "Little Man What Now?" and "Karl and the Twentieth Century" for light.

Self-employed (farmers, for instance) are to pay 5 per cent of their incomes. On $3,600 that is $180 per year, or nearly 50 cents a day!

Ordinary bouts of sickness in the average family can be dealt with; the real crises are those that require hospitalization and surgical services, and these usually occur only a few times in one's life. Even as an individual, without benefit of group insurance, one can provide for a limited amount of miscellaneous services, operation costs, and 70 days of hospitalization for as low as $17 per year—depending on age and state of health—through private insurance companies.

Barnum said that a sucker is born every minute. Along with the sucker is born a politician, and nowadays a "progressive" to beat his drums for every measure that extends the power of the state, even into the most intimate parts of life.—Reproduced by special permission of Philadelphia Bulletin and Bell Syndicate from *The Evening Bulletin*, Philadelphia, December 21, 1945.

Michigan's Part in the Control of Cancer

Cancer still remains well up toward the top as a cause of death. Long looked upon as a hopeless disease by both profession and the public it has now been conclusively shown by careful observation that it is neither hopeless nor incurable. True, the exact cause of cancer is not known, but many causative factors are understood, including growth tendencies, and the part which parental influence plays, and it is also slowly being determined what types of internal environment have to do with cancer formation. It was wisely stated centuries ago that, "It is idle to speak of the cure of a disease until its cause is understood." Rather than to claim we are curing cancer, perhaps it would be better to admit that our progress has just reached the stage whereby we can often remove a malignant growth from the body, retard its development or postpone its appearance, but mankind will still be faced with the likelihood of a high rate of incidence until we come to know how growth within the body, both normal and abnormal, is controlled. Up to the present time surgical removal and radiation, combined with early diagnosis, offers the best means of controlling the disease, but other factors more potent of success will sometime be found. Research, and the funds for its maintenance is the crying need to find the solution. This requires the combined effort of scientists, and public-spirited citizens who are willing to provide the capital necessary to carry on constant study and search.

Michigan is doing its part. The Medical Society has a very active cancer committee which has made its efforts felt in a very practical way. Individuals, not of the profession, but who are our neighbors, are rendering noble service in making the dissemination of present-time knowledge about cancer to the public and profession where it will do the most good. Such a demonstration of service and good will appeared in an all-day meeting of several of the nation's outstanding authorities on cancer in Flint on March 20. Such meetings are a credit to the individuals and society who make them possible and they may well be repeated at frequent intervals.



President, Michigan State Medical Society

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President's



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Editorial

A MEDICALLY SPONSORED NATIONAL HEALTH PROGRAM

FOR MANY MONTHS we have advocated that the best way to sidetrack the Truman-Wagner-Murray-Dingell Socialized Medicine program is to propose something better; at least to advocate something that is an improvement, something that is beneficial to the people. Just opposing a program that someone else has proposed will not be sufficient.

The profession has agreed on a program that can be supported without insult to our professional ideals, and which will solve the increasing demand for a national medical service policy. For several months we have published the resolutions adopted at Chicago, December 2, 1945, by the National Conference of Presidents and Other Officers of State Medical Societies. These resolutions represent the work of representatives of many state Medical Societies, and were adopted by the House of Delegates of the American Medical Association, but referred to a committee for six months' study.

We now urge the prompt support of this plan, and the substitution of these principles for the proposed compulsory insurance plan now being considered in Washington. The necessity for prompt action is emphasized by the hearings now being held on the Wagner-Murray-Dingell Bills in Washington. It may now be too late, as we suggested long ago. For further emphasis, we again publish the resolution on page 438.

COMPULSORY HEALTH INSURANCE IN GREAT BRITAIN

WE ARE REPEATEDLY being told that the British Medical Association are in favor of compulsory health insurance. That statement is being made by our government representatives, Altmeyer, Wagner, Murray, Dingell, et cetera and by the representatives of labor. The statement was repeated at the Conference on Medical Services held in Chicago, February 10, 1946.

Most of our readers, and the general public to whom the statement is made, have no way of determining the truth. The *North Carolina Medical Journal* for February, 1946, effectively squelches that misleading statement, but the distribution of the true story is too narrow. We are repeating it here for your information.

Fundamental Principles of the British Medical Profession

In the interests both of the public and of medicine the profession regards the acceptance of the following principles as essential:

1. The medical profession is, in the public interest, opposed to any form of service which leads directly or indirectly to the profession as a whole becoming full-time salaried servants of the State or local authorities.
2. The medical profession should remain free to exercise the art and science of medicine according to its traditions, standards, and knowledge, the individual doctor retaining full responsibility for the care of the patient, and freedom of judgment, action, speech, and publication, without interference in his professional work.
3. The citizen should be free to choose or change his or her family doctor, to choose, in consultation with his family doctor, the hospital at which he should be treated, and free to decide whether he avails himself of the public service or obtains independently the medical service he needs.
4. Doctors should, like other workers, be free to choose the form, place and type of work they prefer without Governmental or other direction.
5. Every registered medical practitioner should be entitled as a right to participate in the public service.
6. The hospital service should be planned over natural hospital areas centered on universities in order that these centers of education and research may influence the whole service.
7. There should be adequate representation of the medical profession on all administrative bodies associated with the new service in order that doctors may make their contributions to the efficiency of the service.—*British Medical Journal,* Dec. 15, 1945.

Further evidence that the British Medical Profession is not happy with the conditions under which they are being restricted is contained in a dispatch to the *Detroit Free Press* of March 9, 1946:

LONDON—(U.P.)—The British Medical Association Journal threatened a "doctor's strike" if the Labor Government's new public-health scheme contains "objectionable" restrictions on private practice.

The liberal *Evening Star* promptly retorted that the Medical Association represented a "die-hard element" among doctors and was engaging in "what looks like obstruction."

"Every one sympathizes with doctors facing complete reorganization of their noble profession," the *Star* said editorially; "but most of them know that the old system is not in keeping with modern needs and that real state service must be evolved."

The Government's health bill has not been introduced yet in the House of Commons.

DOCTORS FOR RURAL AREAS

A GENERATION ago young doctors, after graduation, frequently settled in small towns or rural communities, where a practice could be easily and quickly built. They stayed a few years, and after accumulating a competence, moved to the city of their choice. This is not being done now to any extent. Young doctors coming out of our superb medical schools, and having spent a year at least in hospital training are remaining in the cities and are rapidly acquiring a practice.

The need for doctors has advanced faster than the supply. The war has intensified all this, made the need acute, and the opportunities more demanding. We actually have a shortage of doctors at a time that people are demanding more attention. The young doctors have a modern medical training, with hospital experience, and are accustomed to have everything at hand that they may need. They are coming out of the military forces with training in use of every conceivable modern appliance. Naturally they are not going back into practice where they will have to do without the "conveniences" they have been trained to use, and have become accustomed to use, and which patients demand.

The returning veterans are settling in the cities they have longed for, in the cities with hospitals, laboratories, consultants. Veterans believe they cannot give their best service under any other circumstances, and there are plenty of opportunities in the larger communities. No one can blame them.

At the 19th Annual Conference on Medical Service held in Chicago February 10, 1946, J. S. Jones, Secretary, Minnesota Farm Bureau, and Chairman, National Committee for Rural Health, suggested that if the government sincerely wishes to help the rural areas in health matters it should in some way subsidize farm boys in the study of medicine. Their tuition and expenses could be paid, and a plan made to supply an office which would make available to the young doctor a fully equipped working place, with x-ray, laboratory, nurse, three or four hospital beds, et cetera, so that he would have the necessities for the modern practice of medicine. In return for this education and equipment the young doctor would agree to stay in the rural area for a certain number of years. This would not be the same as the compulsory locating suggested by social workers and by the latest English plan.

This plan would supply needed service, and there are according to Mr. Jones many farm boys who would like to study medicine, but cannot do so under present conditions of increased costs, longer hours, and lessened chances to pay for one's education in the time-honored way of "working one's way through school."

EMIC BIRTHS IN HOSPITALS

THE CHILDREN'S Bureau of the Department of Labor issued a news bulletin on January 27, 1946, boasting of the overwhelming percentage of beneficiaries of EMIC born in hospitals in comparison to all births in hospitals: 90.6 per cent of EMIC as compared to 76 per cent for all births. The 24 per cent of general births not in hospitals probably could not afford the hospitals, or did not have them available, but every one of the EMIC cases had a hospital available, and the bill paid by taxpayers.

To our mind the Children's bureau owes us an explanation of why its beneficiaries did not score one hundred per cent. Why did the 9.4 per cent not go to the hospitals? Was it because there were no hospitals, or was it that the hospitals did not wish to work with the bureau? 9.4 per cent is about one case in eleven, a sizeable number to have failed to take advantage of a well-understood benefit. WHY?

The Michigan Department of Health anticipates a record number of EMIC babies in Michigan in 1946, judging from the fact that applications for federal government's Emergency Maternity and Infant care increased seventeen per cent in January over the previous six months' average. During the first thirty-two months of the program, 46,094 applications for care have been received, and *over $3,000,000 expended in Michigan.*

This is the EMERGENCY expedient of which we commented almost three years ago that "Nothing is so permanent as an emergency expedient." Our word has proven true, for the service has grown by leaps and bounds, and now it is proposed by the Pepper Bill (S1318) to extend this service to every woman no matter what may be



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her condition of finance. To date this has been a hindrance to the extending and amplification of maternity care. The obstetricians have been advocating frequent prenatal visits of the pregnant woman to her doctor, starting with once a month, then twice a month, and during the final stages about one visit a week in many cases. The EMIC program prohibits more than five prenatal visits, and one postnatal examination. More may be done by the doctor, but must be free, under threat of punishment. Mr. Altmeyer claims the United States ranks seventh in maternal and infant mortality, and uses that argument for socialized medicine, under Truman, Wagner, Murray, and Dingell. That condition cannot be corrected, or maternity care become the great outstanding achievement of American Medicine if it must be hindered by drags of limited service. Our obstetricians must be allowed to practice as they believe best for the patient without threat of fine or punishment, or demand for free treatment.

ON THE RUN . . .

It has been demonstrated statistically and experimentally that restriction of caloric intake reduces the incidence of neoplasms.

* * *

The physician's medical interests are often conditioned by his own infirmities.

* * *

The hormonal response of prostatic carcinoma to estrogens seems to be lasting in less than 25 per cent of the cases, and is transient in 75 per cent.

* * *

Administered radioactive phosphorus is retained in greatest amounts in those organs of leukemic patients which are heavily infiltrated with leukemia cells.

* * *

There is increasing recognition of the possibility of virus infections in the mother maiming or killing the fetus in utero.

—Selected by W. S. Reveno, M.D.

ROASTED EGGS KEEP INDEFINITELY

Roasting eggs at a temperature of about 250 degrees is said to prevent decay indefinitely because all organisms inside the shell that might cause deterioration are destroyed. The tissue-like membrane enveloping the white is converted into an airtight covering; hence no germs can enter from the outside. Eggs thus processed may be kept at room temperature indefinitely without change in flavor, odor, appearance or nutritive value. The texture is a bit firmer than that of the ordinary hard boiled egg. It is expected that hospitals, schools, drug stores, and other establishments will make use of roasted eggs as they will save time and labor. Housewives will be less interested in them. Soldiers would not have tired of eggs preserved in this manner as they did of dehydrated or powdered eggs.—*Good Health*, April, 1946.

Say you saw it in the Journal of the Michigan State Medical Society



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WM. DE KLEINE, M.D., Commissioner, Lansing, Michigan

NUTRITION SURVEY

Oakland County has been chosen by the Nutrition Section of the U. S. Public Health Service for one of a series of nutrition surveys planned for 1946. The Public Health Service unit carrying out the survey will have headquarters at the Royal Oak Health Center. The unit includes a medical officer, nutritionist, nurse, chemist and a clerk and is equipped to do routine laboratory analysis necessary in a nutrition appraisal.

ELECTRON MICROSCOPE ADDED TO LABORATORY

By June, 1946, the Michigan Department of Health's Bureau of Laboratories hopes to have its new $13,000 electron microscope which the state administrative board ordered in February. This electron microscope, the latest RCA model, coupled with new technics of preparing biologic specimens opens up many new fields of research.

It is possible to magnify the specimen 10,000 to 15,000 diameters directly in the microscope. The image of the specimen is recorded as a micrograph and by photographic enlargement the original micrograph can be blown up 10 to 20 times making possible a final enlargement of the object to 100,000 to 200,000 diameters. This compares with the greatest possible magnification with light microscopes of about 2,000 diameters.

The Laboratories' immediate intention is to follow purification processes in isolation of viruses. After a virus has been separated in pure form and identified it can be analyzed as a chemical substance to determine the basic nature of the infective material. Purified virus materials are also highly useful in specific immunologic studies.

In addition to facilitating study of virus diseases the electron microscope will contribute greater detail to study of the nature of bacteria as it reveals minute interior structure and surface details of bacteria that cannot be seen with light microscopes.

It is hoped that isolation procedures will eventually be precise enough to permit use of the electron microscope for diagnostic purposes.

LEGISLATURE APPROPRIATES FUNDS FOR NEW SANATORIUM AND ADDITIONAL SUBSIDY

The Michigan legislature in its extra session of 1946 appropriated $500,000 to begin the construction of a new state tuberculosis sanatorium in Houghton County. This money was appropriated for the Michigan tuberculosis sanatorium commission, in the amounts of $250,000 for each of the two fiscal years. Provision was made that any unexpended balance at the close of each fiscal year shall not revert to the general fund of Michigan but shall continue to be available for the purpose specified. The Act (Act 10, Public Acts of 1946) was signed by Governor Kelly, February 25, 1946, and given immediate effect.

(Continued on Page 518)

VITAL STATISTICS SUMMARY FOR THE YEAR

FIGURES FOR 1945 ARE PROVISIONAL

	Totals for the Year		
	1945	1944	5-year average
Births	111,637	113,586	113,940
Deaths	53,653	54,016	53,658
Infant deaths (under 1 year)	4,005	4,326	4,385
Maternal deaths (140-150)	162	198	257
Ten Leading Causes of Death During the Year			
Heart disease (90-95)	17,419	17,004	16,415
Cancer (45-55)	7,152	6,975	6,534
Apoplexy (83.1, 83.2)	5,147	4,794	4,740
Accidents (169-195)	3,420	3,350	3,785
Motor vehicle traffic (170)	1,194	1,103	1,479
Other accidents	2,226	2,247	2,306
Inflammation of kidney (130-132)	2,648	2,739	2,838
Pneumonia (107-109)	1,925	2,369	2,472
Tuberculosis (13-22)	1,761	1,748	1,770
Diabetes (61)	1,560	1,554	1,465
Premature births (159)	1,341	1,412	1,425
Hardening of arteries (97)	972	980	987
Certain Communicable Disease Deaths			
Diphtheria (10)	46	32	23
Infantile paralysis (36)	20	45	34
Influenza (33)	206	423	377
Measles (35)	10	49	46
Meningitis (epidemic) (6)	43	113	57
Scarlet fever (8)	9	7	23
Typhoid fever (1)	3	7	9
Whooping cough (9)	35	33	71

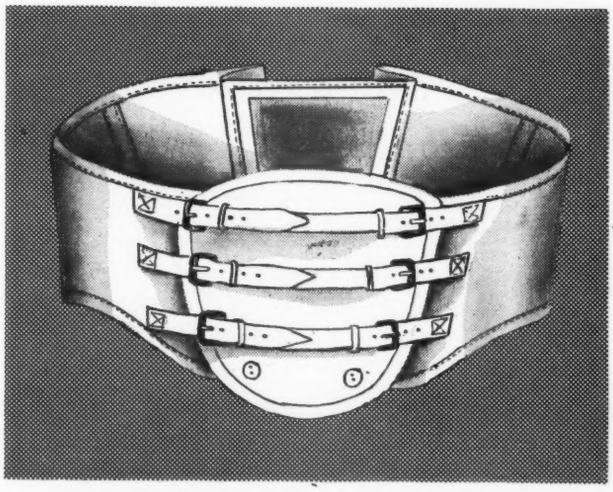
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(Continued from Page 516)

Consideration was also given by the Legislature to the need for additional subsidy for counties with a high tuberculosis hospital load and a relatively low assessed tax valuation. Counties will of course continue to receive the $2.50 per patient day for all hospitalized public charge tuberculosis patients. In addition to this, Act 29 of the Public Acts of 1946 (Extra Session) provides that counties will receive additional subsidy for all patient days in excess of "20 patient days per $100,000 assessed valuation." This represents a change from the previous formula which stipulated that 40 patient days per $100,000 of a county's assessed tax valuation would be the point above which that county would begin to receive this additional subsidy.

* * *

INCIDENCE OF COMMUNICABLE DISEASE

Disease	*Feb. 1946*	*Feb. 1945*	*7 year-median*
Diphtheria	70	23	16
Gonorrhea	1202	1164	569
Lobar Pneumonia	82	136	337
Measles	7851	91	984
Meningococcic Meningitis	22	37	5
Pertussis	469	293	886
Poliomyelitis	1	1	2
Scarlet Fever	606	1208	1192
Syphilis	1384	1516	834
Tuberculosis	399	322	411
Typhoid fever	1	0	6
Undulant fever	5	6	11
Smallpox	0	2	4

MEASLES EPIDEMIC

Michigan's measles epidemic continued to gain at the rate of around 200 cases a day early in March. Between January 1 and March 8 a total of 14,066 cases was reported, compared with 243 for the same period last year. Physicians requested 3,182 vials of gamma globulin in February, more than had been distributed in the entire period since gamma globulin was first offered in March 1945.

Data from the past two summers' mosquito surveys are being assembled with the help of Michigan State College and the U. S. Public Health Service.

* * *

Edward F. Fisher, M.D., has been officially appointed as health director of the Dearborn City Health Department. He succeeds Dr. Littlejohn who has been acting director.

* * *

To be prepared to help cities interested in rat control, the Engineering Bureau recently sent one of its engineers to a U. S. Public Health Service school on rat control and eradication.

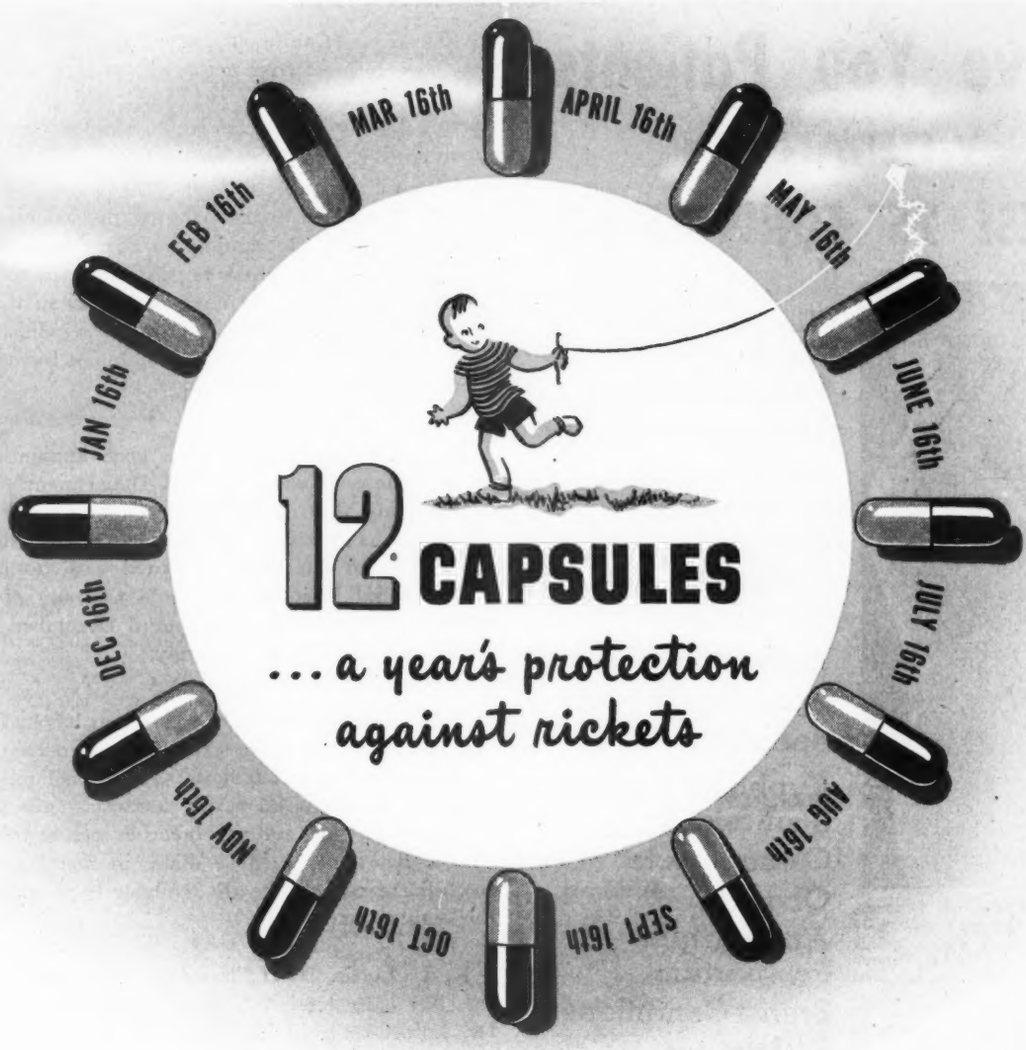
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May Day, 1946, will be observed as Child Health Day with emphasis placed on immunization against diphtheria, smallpox and whooping cough. The advisability of consulting the family physician about modification of measles also will be stressed.

* * *

Morley B. Beckett, M.D., director of the Allegan County Health Department, on military leave since 1942,

(Continued on Page 520)



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REFERENCES:

Rambar, A. C., Hardy, L. M. and Fishbein, W. I.: J. Ped. 23:31-38 (July) 1943

Wolf, I. J.: J. Ped., 22:707-718 (June) 1943

Wolf, I. J.: J. Ped. 23:396-417 (April) 1943

Wolf, I. J.: J. Med. Soc. New Jersey, 38:436 (Sept.) 1941

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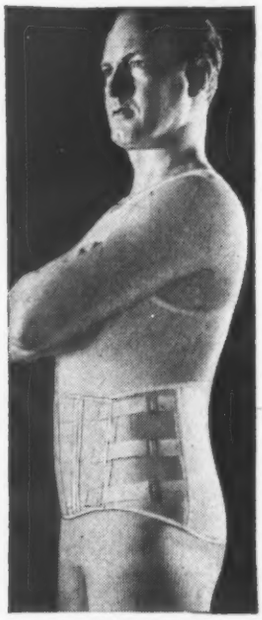


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(Continued from Page 518)

has been released from service. He returned to Allegan county effective February 1. Dr. M. R. French was Acting Director of the Allegan County Health Department during Dr. Beckett's absence.

* * *

The Bureau of Engineering of the Michigan Department of Health is planning to carry on a tick survey in the Northern Peninsula this summer to determine whether the increasing number of ticks in that area includes the variety which carries encephalitis. It is believed that cattle shipped to Michigan for grazing and fattening have brought in the ticks.

* * *

Robert R. Scott, M.D., has been appointed director of the Mason County Health Department. Dr. Scott received his M.D. degree from the University of Michigan. He has been in private practice in Michigan for 19 years, and has been associated with both the Saginaw General Hospital and the University of Michigan Hospital. From May, 1942, until December, 1946, Dr. Scott was with the U. S. Army.

* * *

For the second year the Department has had the assistance of Michigan State College in preparing a garden edition of its monthly bulletin "Michigan Public Health." Emphasis is placed on better nutrition made possible by garden-fresh fruits and vegetables as well as the contribution which home gardens make in meeting worldwide food shortages. Copies are available to physicians not on the regular mailing list.

* * *

R. L. Loftin, M.D., has been appointed director of the Bay City and Bay County Health Departments. Dr. Loftin received his M.D. degree from Baylor College of Medicine, Dallas, Texas. He has had public health training at the University of Kentucky and at the University of Michigan. He spent nine months as a replacement health officer in the Pike County Health Department, Kentucky, and for the past five years has been director of the Harrison-Nicholas District Health Department at Cynthiana, Kentucky.

* * *

This summer the sixth state-wide pollen survey will be made by the Michigan Department of Health and daily ragweed pollen counts given to interested agencies and individuals. As in the past surveys about forty pollen-collection stations will be set up to cover all shore lines and representative inland areas. The surveys have consistently shown the Northern Peninsula to have appreciably less ragweed pollen than the lower peninsula. The peak of pollen contamination of the air usually occurs the last week of August or the first week of September.

* * *

John K. Altland, M.D., M.S.P.H., of the Michigan Department of Health, will become director of the Bureau of Local Health Services on April 1, 1946. He comes from the Barry County Health Department where he has been director since December, 1940.

Dr. Altland was born in White Pigeon, Michigan, in

(Continued on Page 524)

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LIBBY'S Evaporated Milk—homogenized and fortified with at least 400 U.S.P. Units of Vitamin D per pint of evaporated milk—provides a quality milk for infant and child feeding.

The Vitamin-D content of this milk gives automatic prophylaxis against rickets. When used routinely, Libby's Evaporated Milk insures against any lapse in antirachitic prophylaxis due to oversight or temporary inability to obtain the vitamin in another form; it makes for constant and optimal Vitamin-D utilization, so necessary to growth and physical development.

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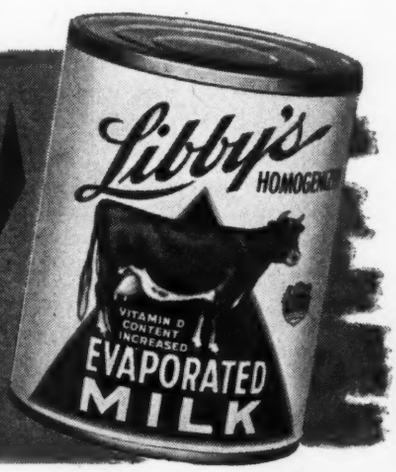
Calories	569	Phosphorus	0.82 Gm.
Protein	28 Gm.	Vitamin A	1762 U.S.P. Units
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Woman's Auxiliary

STATE BOARD MEETING

Twenty-three members of the State Executive Board met at the Bancroft Hotel, in Saginaw, on January 8, for luncheon and the mid-year business session.

Our Honorary President, Mrs. Guy Kiefer, who always has inspiring words for us, was in attendance.

Mrs. L. C. Harvie, president, presided at the business meeting. The treasurer, Mrs. Robert L. Novy, reported a balance of $1,180.48 cash on hand, and U. S. Savings Bonds $1,000, U. S. Savings Bonds (Reserve Fund) $326.20, making total assets $2,506.68.

Report of the National mid-year Conference, which was held in Chicago in December, 1945, was given by Mrs. R. H. Alter and Mrs. Harvie, the Michigan delegates. Highlights of reports:

California uses Procurement and Assignment in reverse.

State presidents stressed keeping records of committee chairmen, which make for continuity in work.

Collection of sample baby foods from husbands' offices for war relief in Europe.

Stressed reviewing articles on legislation and public relations in medical journals.

Dr. Joseph S. Lawrence, AMA Executive Director of the Washington, D. C., Office, discussed the new Wagner-Murray-Dingell Bill and asked that we write him for information regarding medical legislation. He will gladly call upon our Congressmen in Washington upon our request.

Dr. Louis Bauer discussed the AMA Constructive Program for Medical Care (14 point program), and the Hill-Burton Bill. In regard to the WMD Bill, he said: "If every doctor would take a couple of extra minutes with his patients to explain what the whole thing will mean to them—we can defeat these measures."

Mr. F. V. Carghill, Circulation Manager of *Hygeia*, stated that the January issue carried 155,000 copies and it was hoped that this number would be boosted to 200,000 by the end of 1946.

Mrs. Milton Shaw, chairman of the Radio Speech Project, reported 100 schools had entered the contest this year and awards had been presented to the winners by Mrs. Harvie, on December 14, over station WKAR, East Lansing.

One new organization was reported—North Central Counties. Mrs. C. R. Keyport, Grayling, president, attended the board meeting.

The Saginaw County Auxiliary entertained the state board members at a delightful tea in the American Room, Bancroft Hotel, following the business meeting.

Hygeia Prize Winner.—St. Joseph County, Michigan—Second Prize in Group 1—$25.00. Congratulations!

* * *

National Convention—San Francisco, California—July 1-5. Auxiliary Headquarters will be at the Hotel Fairmont. All members are invited to a tea, to be held on Sunday afternoon preceding Convention. Make hotel reservations through Mrs. R. H. Hilton, c/o The Housing Committee, Room 200, Civic Auditorium, San Francisco, including date of arrival and departure.

* * *

State Convention—Hotel Statler, Detroit, September 24 to 26. All members are urged to attend. Registration opens September 24. Mrs. W. L. Sherman, Convention Chairman. Complete program will be published in later issue.

* * *

AMA RESOLUTION

The following resolution was presented by the House of Delegates of the A.M.A. to the Conference of the Woman's Auxiliary to the A.M.A., Chicago, December 6, 1945:

WHEREAS, the object of the Woman's Auxiliary is to aid the American Medical Association in every way requested, and

WHEREAS, the most urgent need at the present time is the widespread dissemination of knowledge concerning the hazards of current medical legislation.

THEREFORE, BE IT RESOLVED that the House of Delegates of the American Medical Association request the Woman's Auxiliary use every avenue possible to bring such information to its members and through them to the public.

This is the *second* resolution presented by the AMA to its Auxiliary—the first was regarding *Hygeia*.

MICHIGAN'S DEPARTMENT OF HEALTH

(Continued from Page 520)

1902. He graduated from the Flint High School and took his M.D. at the University of Michigan in 1928. He was in general practice for seven years, leaving that to take public health training at the University of Michigan. He received his M.S.P.H. from that institution in 1938 and accepted a Fellowship from the W. K. Kellogg Foundation. In 1939 he became director of the Grand Traverse County Health Department. From there he went to the Barry County Health Department which he leaves to come to Lansing.

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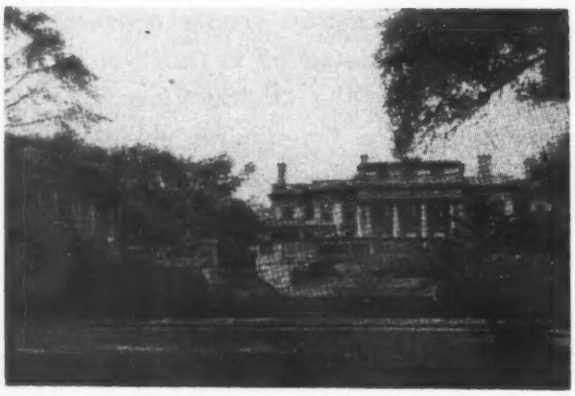
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Dear Sir:

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At this time I wish to express my gratitude to those doctors who took time off from their busy practice to reply to this questionnaire. Their suggestions and replies were very helpful to me and I think will be of considerable aid in promoting a similar plan in the State of Iowa. Frankly, I was somewhat opposed to such a plan in the beginning because I had worked in mining contract practice for five years and realized that such a type of practice is of a substandard variety regardless of statements made to the contrary by its advocates.

Some physicians ignore all questionnaires feeling that they are too busy to be bothered by them but when a doctor at his own personal expense sends out a questionnaire from which he can hope for no special personal gain either financial or through publicity, he is grateful to those who take the time to reply.

Sincerely yours,

ARTHUR E. PERLEY, M.D.

Waterloo, Iowa
March 13, 1946.

(See report of poll on page 448.)

Manila, Philippines

Michigan State Medical Society
Lansing, Michigan
Gentlemen:

At the outbreak of World War II, the Scientific Library of the Bureau of Science, an office under this Department, had one of the largest and best known collections of technical and scientific publications in this part of the Orient. This same library was destroyed by the Japanese during the war.

We shall appreciate it, therefore, if you will kindly help us in the task of building anew from scratch some such collection by donating to the library whatever publications you can spare now and in the future. Please send them addressed to:

Scientific Library
Bureau of Science
Manila, Philippines

Very respectfully,

JOSE S. CAMUS
Undersecretary

Jan. 31, 1946

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In Memoriam

Gustave L. McClellan, Detroit, was born in Detroit in 1884. He was graduated from the Detroit College of Medicine in 1905, and entered general practice. A number of years later he specialized in diseases of the nose, throat and lungs. He was on the staff of the Detroit Tuberculosis Sanatorium and of Providence Hospital, Detroit, where he was chief of staff in 1935 and on the executive committee for a number of years. He was also president of the Detroit Society of Chest Surgeons and of the Michigan Society of Chest Surgeons. He was president of the Wayne County Medical Society in 1942-43, and a member of the Board of Trustees when he died. Dr. McClellan had been exceedingly active in the political-economic phase of organized medicine since 1935. He helped set up and was a member of the professional Advisory Council of the Wayne County Social Welfare Commission. Through his efforts, a medical co-ordinator for the Crippled and Afflicted Child Act and other changes of legislation were established in the setup of the Wayne County Juvenile Court, many of which have been used as a model throughout the nation. He also helped defeat the New Deal State Welfare Bill of the late thirties.

Gus, as he was fondly called by Detroit medical colleagues, was always a proponent of the private practice of medicine by the individual and always worked hard against any encroachment by local, state, or Federal government into the field of medical care. An excellent orator and an expert rebuttalist, he was always in demand as a speaker, especially by lay organizations interested in learning the facts about medical economic problems. His death is a sad blow to his colleagues in medical circles as well as to his many non-professional friends and his family.—W.B.H.

HEART TRANSPLANTATION

Successful transplantation of hearts into warm-blooded animals, such as rabbits, cats and dogs, has been accomplished by Prof. Nicolai Sinitsin of the Gorky Medical Institute, Moscow.

The heart was transplanted onto the host animal's neck and put "in circuit" with the host's blood circulation system. No ill effects were observed. Prof. Sinitsin is now carrying out long-term experiments for the purpose of keeping animals with two hearts alive as long as possible. At the same time he and his associates are conducting experiments for transplanting hearts into the abdomen instead of the neck.

The work is expected to provide a valuable method for studying various problems of heart physiology and treatment of heart disease.—*Science News Letter, October 20, 1945.*

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To give appropriate significance to these efforts and to focus nation-wide attention on this vital problem, Congress has designated April, "Cancer Control Month." And again this Spring, as in each drive spearheading the next year's activities, the Field Army's straightforward appeal to all Americans is: "GIVE, to Conquer Cancer."

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Undersecretary

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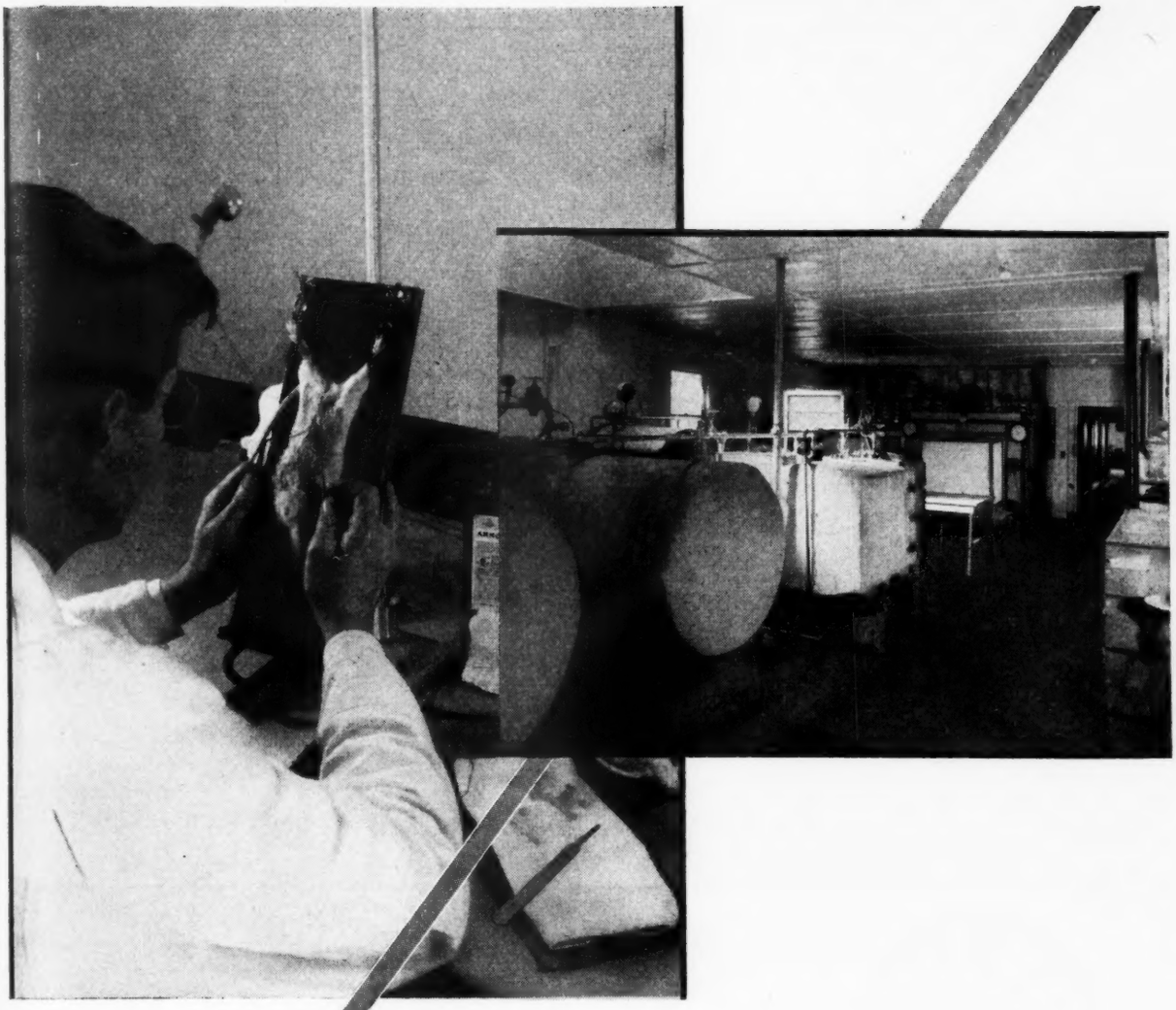
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To give appropriate significance to these efforts and to focus nation-wide attention on this vital problem, Congress has designated April, "Cancer Control Month." And again this Spring, as in each drive spearheading the next year's activities, the Field Army's straightforward appeal to all Americans is: "GIVE, to Conquer Cancer."

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What's What

Fourteen counties of Michigan do not have any type of modern organized health department.

* * *

Lieutenant Colonel Benjamin H. Sullivan, Jr., M.C., of Detroit, formerly in the European Theater of Operations, has been assigned to the Historical Division, Surgeon General's Office.

* * *

Theodore Kolvoord, M.D., announces the association of Richard C. Norton, M.D., formerly Lieutenant Colonel, A.U.S., specializing in Radiology, Security Bank Building, Battle Creek.

* * *

Frederick C. Kidner, M.D., announces the association of John Gilbert Reid, M.D., in the practice of orthopedic surgery and the care of fractures, 1337 David Whitney Building, Detroit.

* * *

Roy D. McClure, M.D., Detroit, will address the Ohio State Medical Society at its Centennial Meeting in Columbus, on May 9, 1946. His subject will be "The Surgical Treatment of Bleeding Peptic Ulcer."

Floyd E. Armstrong, Professor Emeritus of Economics and Finance, Massachusetts Institute of Technology, was guest speaker at the Michigan State Nurses Association meeting, Pantlind Hotel, Grand Rapids, on April 26. His subject was "Dangers to the People's Health in the Wagner-Murray-Dingell proposal."

* * *

"Your Doctor Speaks" is the title of an educational health campaign in leading magazines sponsored by the Upjohn Company of Kalamazoo. The March message featured maternal health.

* * *

Arthur K. Northrop, M.D., Detroit, was honored at a Golden Jubilee Dinner, sponsored by the staff of Mount Carmel Mercy Hospital, Detroit, on March 20. Several hundred physicians were present to fete Dr. Northrop on the completion of fifty years of practice in Detroit.

* * *

To help celebrate the 30th Anniversary of the founding of the Hack Shoe Company, Detroit, Lt. Colonel Morton Hack, Vice-President of the Company and son

(Continued on Page 536)

OWEN CLINICAL LABORATORY

THE laboratory is located in rooms 1551-1559 David Whitney Building.

AND is open daily from 9:00 A. M. to 5:30 P. M., except Sundays.

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WHERE patients cannot come to the laboratory a member of the staff will call and make what examinations are desired at an additional fee according to the distance.

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NO examinations made directly for a patient. All reports must go through the attending physician.

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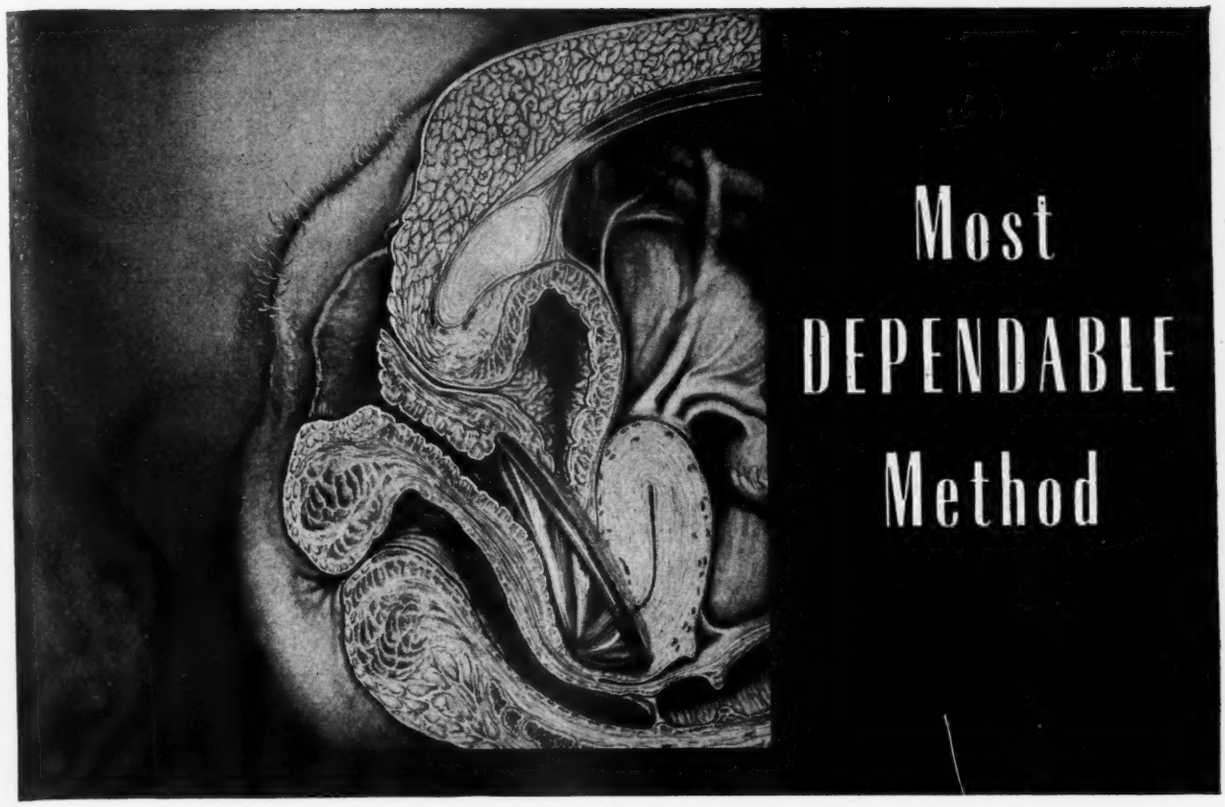
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1. Dickinson, R. L.: Techniques of Conception Control. Baltimore, Williams and Wilkins Co., 1942.
2. Eastman, N. J., and Scott, A. B.: Human Fertility 9:33 (June) 1944.
3. Warner, M. P.: J. A. M. A. 115:279 (July 27) 1940.

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(Continued from Page 534)

of the founder, returned to active duty with the organization after nearly five years' service in the armed forces. One of Colonel Hack's recent assignments was the rehabilitation of 80,000 American prisoners of war liberated from German prison camps.

* * *

"The Quarterly Review of Psychiatry and Neurology" and the "Quarterly Review of Urology" have just made their appearance. These new medical journals are published by the Washington Institute of Medicine, 1720 M St., N. W., Washington 6, D. C.

* * *

James L. Wilson, M.D., Ann Arbor, Cyrus C. Sturgis, M.D., Ann Arbor, and Wm. H. Gordon, M.D., Detroit were guest speakers at the 72nd Annual Meeting of the Northern Tri State Medical Association held in South Bend on April 9.

* * *

The Interstate Postgraduate Medical Assembly of North America will be held in the Cleveland Auditorium, Cleveland, Ohio, October 15-18 inclusive, 1946. For copy of program write Arthur G. Sullivan, M.D., Managing Director, 16 N. Carrol, Madison, Wisconsin.

* * *

The Second Annual Conference of Presidents and Other Officers of State Medical Associations, under the presidency of A. S. Brunk, M.D., Detroit, will be held in San Francisco on Sunday, June 30, 1946. All officers of states and county medical societies, as well as members thereof, are cordially invited to attend the San Francisco conference to enjoy a timely and stimulating program.

* * *

On to San Francisco. Physicians planning to go by rail to the West Coast for the AMA meeting, July 1 to 5, 1946, are urged to arrange their itineraries at an early date and to contact their local railroad agents. Pullman reservations are available but may be difficult to obtain.

* * *

Sponsors of the Norton Medical Award of $3,500, offered to encourage the writing of books on medicine and the medical profession for the layman, are inviting manuscripts for the 1947 winning book. For particulars write W. W. Norton and Co., 79 Fifth Ave., New York 11.

* * *

The American Physicians Art Association will feature an exhibit in San Francisco in 1946, as well as in Atlantic City on the occasion of the Centennial Session of the American Medical Association, in 1947. For entry blanks, write Francis H. Rodewill, M.D., Flood Bldg., San Francisco, or the sponsor, Meade Johnson and Co., Evansville 21, Indiana.

* * *

"Doctors at Home" is the title of the 11th series of dramatized radio stories sponsored by the American Medi-

(Continued on Page 538)

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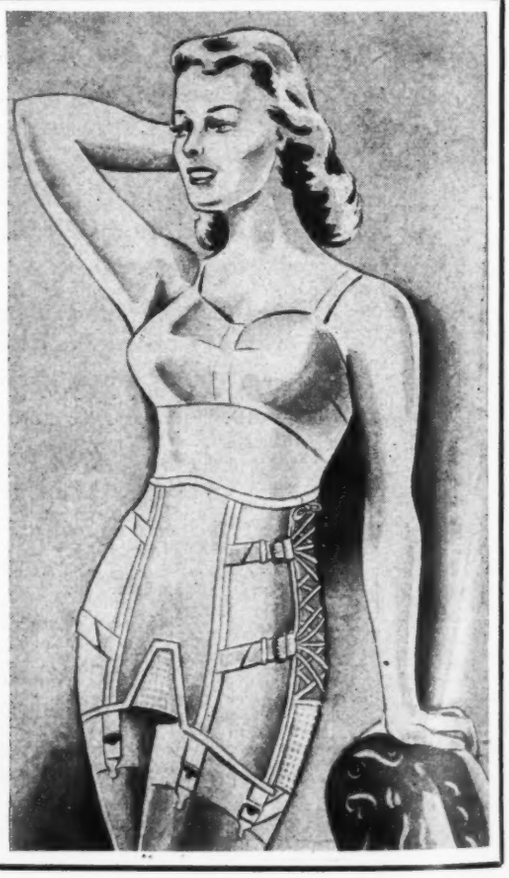
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(Continued from Page 536)

cal Association over a national hookup. It deals with a fictitious but typical American doctor returned from military service to care for his patients, re-establish his community contacts, and service his people in curative and preventive medicine.

* * *

"May the Government of the People by the Bureaus for the Politician not Cause the Liberty of a Free People to Perish from the Earth."

This slogan was developed by the Washington State Medical Association and appears in its leaflets prepared by the Committee on Maternal and Child Welfare of which H. H. Skinner, M.D., of Yakima is Chairman.

* * *

New York State turned down compulsory health insurance, as the result of action of Governor Dewey's Commission on Medical Care, after a study of 15 months. The Commission declared any plan financed on compulsory basis would cost "at least $400,000,000 a year in New York. The Commission is of the opinion that this sum represents too great an expenditure to be imposed on the people of the State, either directly or indirectly through governmental authority."

* * *

The Annual Bulletin of Mount Carmel Mercy Hospital, Detroit contains eight scientific articles: "Acute Hemorrhagic Pancreatitis" by L. J. Gariepy, M.D., Detroit; "Appendiceal Corrolith Simulating Ureteral Calculus" by W. G. Coleman, M.D., Detroit; "Clinical and Roentgenologic Diagnosis of Diaphragmatic Hernia" by L. J. Gariepy, M.D., and J. H. Dempster, M.D., Detroit; "Non-Splinting Treatment of Elbow Joint Injuries" by Thomas A. Boutrous, M.D., Alexander Blain, M.D., and W. A. Chipman, M.D., Detroit; "Spontaneous Hypo-Glycemia" by Henry L. Smith, M.D., and J. Earl Estes, M.D., Detroit; "Torsion of the Gall Bladder Associated with Acute Appendicitis" by C. W. Husband, M.D., and N. L. Schmitt, M.D., of Detroit; "Tubal Pregnancy" by John M. Sisson, M.D., Detroit, and "The Undescended Testis" by Louis J. Bailey, M.D., Detroit.

* * *

Lyman Clair Zimmerman, forty-seven, who formerly operated a so-called "health club" in Jackson, has been sentenced to Southern Michigan prison to serve a term of from two to three years for desertion and nonsupport of his wife and four children. Sentence was imposed Tuesday at Monroe by Circuit Judge Clayton W. Golden.

Zimmerman's activities here were brought to an abrupt end following an investigation by the state health department and police. He ran offices in the Carter Bldg. He was arrested on a charge of practicing medicine without a license and after pleading guilty, was placed on probation.

Later he left Jackson for Monroe. July 15, 1945, he left "suicide" notes on the shores of Lake Erie. His arrest in South Bend occurred when residents of Monroe recognized his voice on a broadcast, police stated. He had dyed his hair and mustache.—*Jackson Citizen-Patriot,* February 20, 1946.

(Continued on Page 540)

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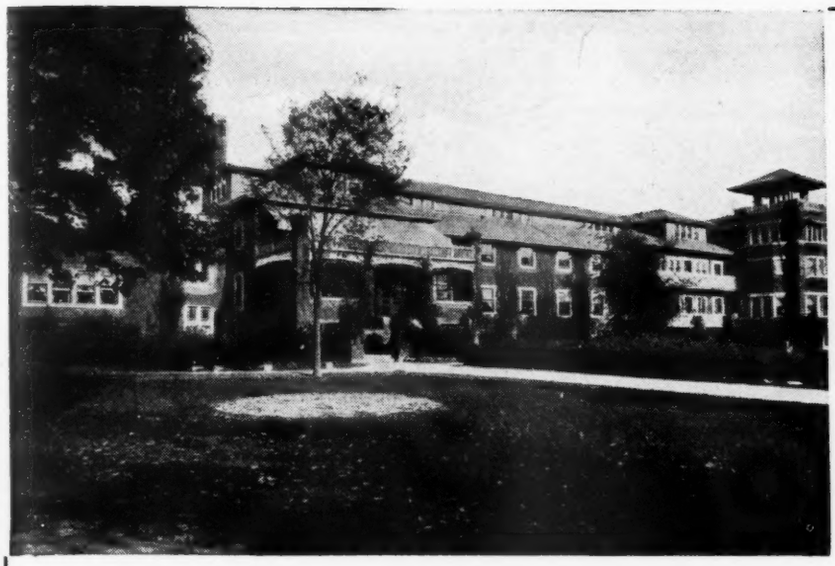
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(Continued from Page 538)

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Amesec Enseals.....(Lilly)
Aminet .....(Bischoff)
Aminophylline and 'Amytal' Pulvules.....(Lilly)
Aminophyllin 1½ gr. with Phenobarbital ¼ gr.....(Searle)
Aminophyllin 1½ gr. with Phenobarbital ½ gr.....(Searle)
Aminophyllin 3 gr. with Phenobarbital ¼ gr.....(Searle)
Aminophylline with Phenobarbital (tablets).....(Squibb)
Aminophyllin 3 gr. with Phenobarbital ½ gr. Enteric Coated .....(Searle)
Aminophyllin 2½ gr. with Potassium Iodide 2 gr. and Phenobarbital ¼ gr.....(Searle)
Amino-Neonal Tablets.....(Abbott)
Amodrine Plain (containing Phenobarbital ⅛ gr.).....(Searle)
Amodrine enteric coated (containing Phenobarbital ⅛ gr.) (Searle)
Calcidrine Syrup.....(Abbott)
Calcidrine Syrup with Codeine.....(Abbott)
'Enseals' (Enteric-Sealed Tablets).....(Lilly)
Ephedrine and 'Amytal' (tablets).....(Lilly)
Ephedrine and Nembutal Capsules.....(Abbott)
Ephedrine and Neonal Tablets.....(Abbott)
'Enseals' Ephedrine and 'Seconal Sodium'.....(Lilly)
Pulvules Ephedrine and 'Seconal Sodium'.....(Lilly)
Pulvules Ephedrine and 'Amytal'.....(Lilly)
Tablet Ephedrine and 'Amytal'.....(Lilly)
Pulvules Epragen.....(Lilly)
Ephedrine and Cyclogal Capsules.....(Upjohn)
Ephedrate, Compressed Tablets.....(Upjohn)
Ephetal Tablets.....(Abbott)
Evicyl Tablets.....(Winthrop)
Franol Tablets.....(Winthrop)
Glucophylline and Nembutal Tablets.....(Abbott)
Glucophylline and Nembutal No. 2 Tablets.....(Abbott)
Iocapral Tablets.....(Winthrop)
Kres-Lumin Syrup.....(Winthrop)
Lumalgin Tablets.....(Winthrop)
Lumodrin Tablets.....(Winthrop)
Manartal Tablets.....(Abbott)
Mannitol Hexanitrate with Phenobarbital (Tablets).....(Squibb)
Tablets of Mannitol Hexanitrate.....(Lederle)
Nembu-Fedrine Capsules.....(Abbott)
Nembutal and Belladonna Capsules.....(Abbott)
Paxonin Tablets.....(Lederle)
Pavatrine 2 gr. with Phenobarbital ¼ gr.....(Searle)
Phenobarbital and Belladonna Tablets.....(Upjohn)
Phenobarbital and Belladonna, No. 2 Tablets.....(Upjohn)
Tablets Phenobarbital and Belladonna.....(Lilly)
'Tabloid' Phenobarbital and Bromides Eff.....(Burroughs & Welcome)
Pyraminal Elixir and Tablets.....(Winthrop)
Tedral .....(Maltine)
Tedral Enteric Coated.....(Maltine)
Theobromine Sodium Acetate with Phenobarbital (Tablets)..(Squibb)
Theominal Tablets.....(Winthrop)
Pulvules 'Theamin' and 'Amytal'.....(Lilly)
Theobromine-Phenobarbital Compound, Compressed Tablets .....(Upjohn)
Theobromine-Phenobarbital (Plain), Compressed Tablets....(Upjohn)
Theobromine-Phenobarbital Tablets .....(Abbott)

Tablets or Capsules	*Drug Minimum Dose*	*Maximum Barbiturate*
Aminophyllin	0.1 G.—1½ gr.	0.032 G.—½ gr.
Belladonna Ext.....	0.008 G.—⅛ gr.	0.032 G.—½ gr.
Belladonna Alkaloids.....	0.1 mg—1/640 gr.	0.032 G.—½ gr.
Diethylaminoethanol, Trasentine & Phenobarbital	20.20 mg—5/16 gr.	20.20 mg—5/16 gr.
Ephedrine salts or alk.....	24.3 mg—⅜ gr.	48.6 mg—¾ gr.
Erythrityl Tetranitrate.....	16.2 mg—¼ gr.	32.4 mg—½ gr.
Mannitol Hexanitrate.....	32.4 mg—½ gr.	32.4 mg—½ gr.
Theobromine and double salts therof.....	0.162 G.—2½ gr.	0.032 G.—½ gr.
Theo-Calcium Theosate.....		
Theophyllin and salts thereof	0.1 G.—1½ gr.	0.032 G.—½ gr.

Liquid Preparations	*Maximum Barbiturate*
All liquids containing (with other medicinals)	1 gr. per oz.
Prescriptions containing:	
Belladonna (Tincture)	40 minims per oz. 2 gr. per oz.
Bromides (One or combined)	60 gr. per oz. 2 gr. per oz.
Hyoscymaus (tincture)	120 minims per oz. 2 gr. per oz.
Ephedrine	3 gr. per oz. 6 gr. per oz.

(Continued on Page 546)

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THE DOCTOR'S LIBRARY

Acknowledgement of all books received will be made in this column and this will be deemed by us as a full compensation of those sending them. A selection will be made for review, as expedient.

THE CARE OF THE AGED (GERIATRICS). By Malford W. Thewlis, M.D., Attending Specialist, General Medicine, United States Public Health Hospitals, New York City; Attending Physician, South County Hospital, Wakefield, R. I.; Director, Thewlis Clinic; Special Consultant, Rhode Island Department of Public Health. Fifth Edition, Thoroughly Revised. St. Louis: The C. V. Mosby Company. 1946. Price $8.00.

This book has been extensively rewritten in the light of newer knowledge and conditions. One paragraph is worth many times the cost of the book to any practicing physician. The Prevention of Coronary insufficiency in physicians over fifty years of age. The advice is good, and we all should take it. See page 240. Without that special value to the practicing physician this book is so new and so up to date you cannot afford to neglect it.

* * *

THE PHYSIOLOGICAL BASIS OF MEDICAL PRACTICE, A University of Toronto Text in Applied Physiology. By Charles Herbert Best, C.B.E., M.A., M.D., D.Sc. (Lond.), F.R.S., F.R.C.P. (Canada), Professor and Head of the Department of Physiology, Director of the Banting-Best Department of Medical Research, University of Toronto; and Norman Burke Taylor, V.D., M.D., F.R.S. (Canada), F.R.C.S. (Edin.), F.R.C.P. (Canada), M.R.C.S. (Eng.), L.R.C.P. (Lond.); Professor of Physiology, University of Toronto. Fourth Edition. Baltimore: The Williams & Wilkins Company. 1945. Price $10.00.

Four editions and fourteen printings speak for the value of this work. It gives the basic science underlying

(Continued on Page 544)

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1. Freund, J., and Thomson, K. J., Science, 101:468, 1945.
2. Cohn, A., Kornblith, B., Grunstein, I., Thomson, K. J., and Freund, J. (a) Proc. Soc. Exper. Biol. & Med., 59-145, 1945, (b) Venereal Diseases Information (U. S. Public Health Service), 1946, in press.

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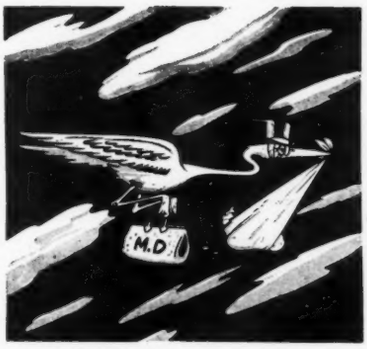
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(Continued from Page 542)

the study of all forms of medical research. Every field of investigation is well investigated, and the material given is far from cursory. There are sections on the nervous system, the ductless glands, the special senses, sight, hearing, et cetera. The references are invaluable. We are very favorably impressed with the book and have been pleased with the detail given.

* * *

HYPNOANALYSIS. By Lewis R. Wolberg, M.D., Lecturer in Psychology, New York Medical College. Foreword by A. Kardiner, M.D., Assistant Clinical Professor of Psychiatry, Columbia University. New York: Grune & Stratton, 1945. Price $4.00.

The first hundred and thirty pages of this book are the experiences of the author in hypnoanalysis of a certain patient, Johan R., who had been diagnosed heborphrenic schizophrenia. At first there was no response, but gradually the patient responded, and finally was discharged entirely rehabilitated. He reported back for checkup, and occasional hypnoanalysis for several years. Part Two is devoted to the theory and practice of hypnoanalysis, with methods of study by hypnosis, the recall of buried memories and transference resistance and interpretation of hypnotic gleanings. The book must be of benefit to all those interested in the treatment of psychiatric cases. It should be especially helpful with our many thousands of mental imbalances following the war.

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(Continued from Page 540)

The Third Councilor District meeting was held at the Hart Hotel, Battle Creek on Tuesday, February 5. Councilor Wilfrid Haughey, M.D., acted as Toastmaster and introduced the speakers: R. S. Morrish, M.D., Flint, President, spoke on "Medical Education, and the Uniform Fee Schedule for Governmental Agencies," L. Fernald Foster, M.D., Bay City, Secretary, spoke on "Medical Public Relations," J. C. Ketchum, Detroit, Executive Vice President of Michigan Medical Service, spoke on "A Veterans Administration Program in Michigan," and Executive Secretary Wm. J. Burns, Lansing, spoke on "The Fourteen 'Firsts' of Michigan."

Eighty-three were present.

Dr. Haughey was honored by being made an honorary member for life of the Calhoun County Medical Society by unanimous action of his confreres.

* * *

The Fourteenth Councilor District meeting, under the leadership of Councilor Dean W. Myers, M.D., Ann Arbor, was held in the Michigan League of Ann Arbor on Thursday, January 10, 1946. Seventy-five physicians from Washtenaw, Lenawee, Monroe, and Livingston Counties were present at the meeting to hear President R. S. Morrish, M.D., Flint, speak on "Postgraduate Medical Education in Michigan," in which he advocated the creation of a course in medical economics in the two Michigan medical schools, with lecturers chosen from among practitioners of medicine.

John W. Castellucci, Detroit, Field Supervisor of Michigan Medical Service, outlined the "Veterans Administration Program for Home-Office Medical Care of Veterans in Michigan."

Secretary L. Fernald Foster, M.D., Bay City, spoke on the "Uniform Fee Schedule for Governmental Agencies and the Need for More Public Relations by the Medical Profession."

Executive Secretary Wm. J. Burns, Lansing, outlined the "Fourteen 'Firsts' of the Michigan Medical Profession."

A spirited discussion ensued, the round table being conducted by J. J. Woods, M.D., Ypsilanti, President of the Washtenaw County Medical Society.

* * *

The First-Sixteenth Councilor District meeting was held in Detroit on Monday, February 4. C. E. Umphrey, M.D., and E. R. Witwer, M.D., Councilors of the host Districts, presided at the dinner and the subsequent meeting. At the dinner the following MSMS officials were introduced: Councilors P. A. Riley, M.D., of Jackson; F. H. Drummond, M.D., of Kawkawlin; Wilfrid Haughey, M.D., of Battle Creek; Speaker P. L. Ledwidge, M.D., Detroit; Vice-Speaker J. S. DeTar, M.D., of Milan, and Executive Secretary Wm. J. Burns, Lansing. At the meeting, the following subjects and speakers were presented:

(1) "Medical Economics".....
MSMS President R. S. Morrish, M.D., Flint

(2) "Medical Public Relations".....
MSMS Secretary L. Fernald Foster, M.D., Bay City

(3) "Michigan's Plan for Home-Office Medical Care of Veterans".....
WCMS President S. W. Insley, M.D., Detroit

(4) "Conference of Presidents and Other Officers of State Medical Societies".....
A. S. Brunk, M.D., Detroit, President of Conference

(5) "The Fourteen 'Firsts' of Michigan".....
MSMS Council Chairman E. F. Sladek, M.D., Traverse City

Three hundred and seventeen members of the Wayne County Medical Society were in attendance at this interesting District Meeting.

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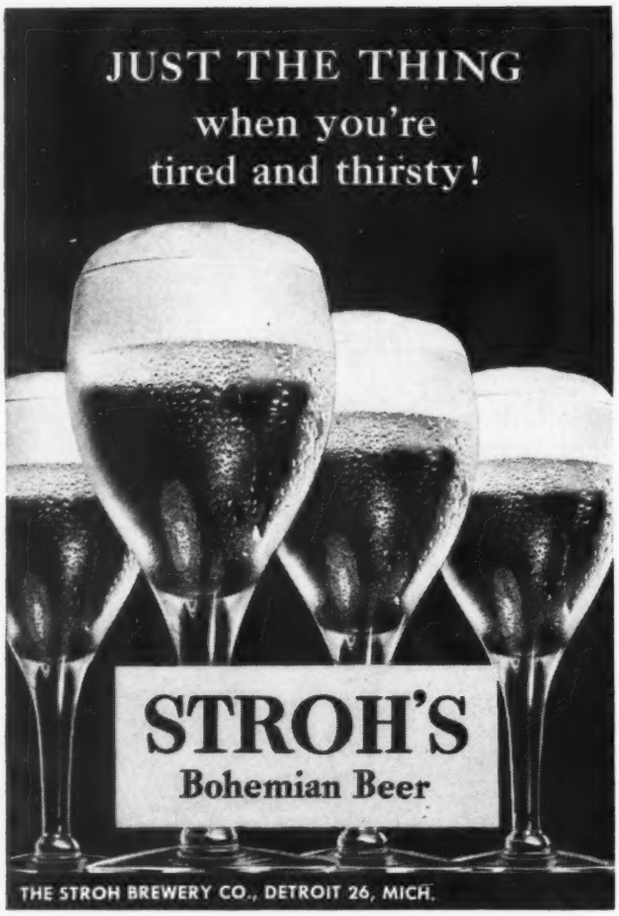
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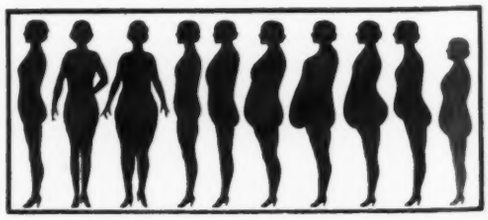
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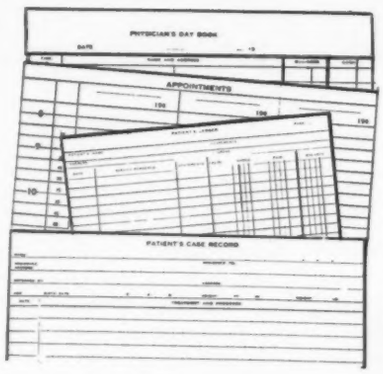
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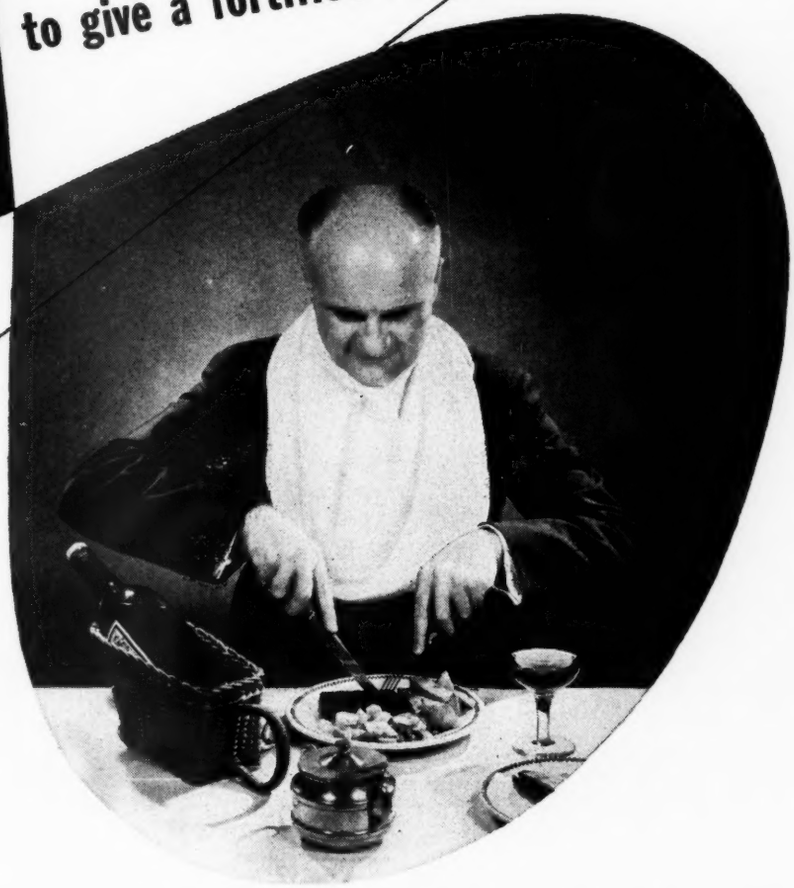
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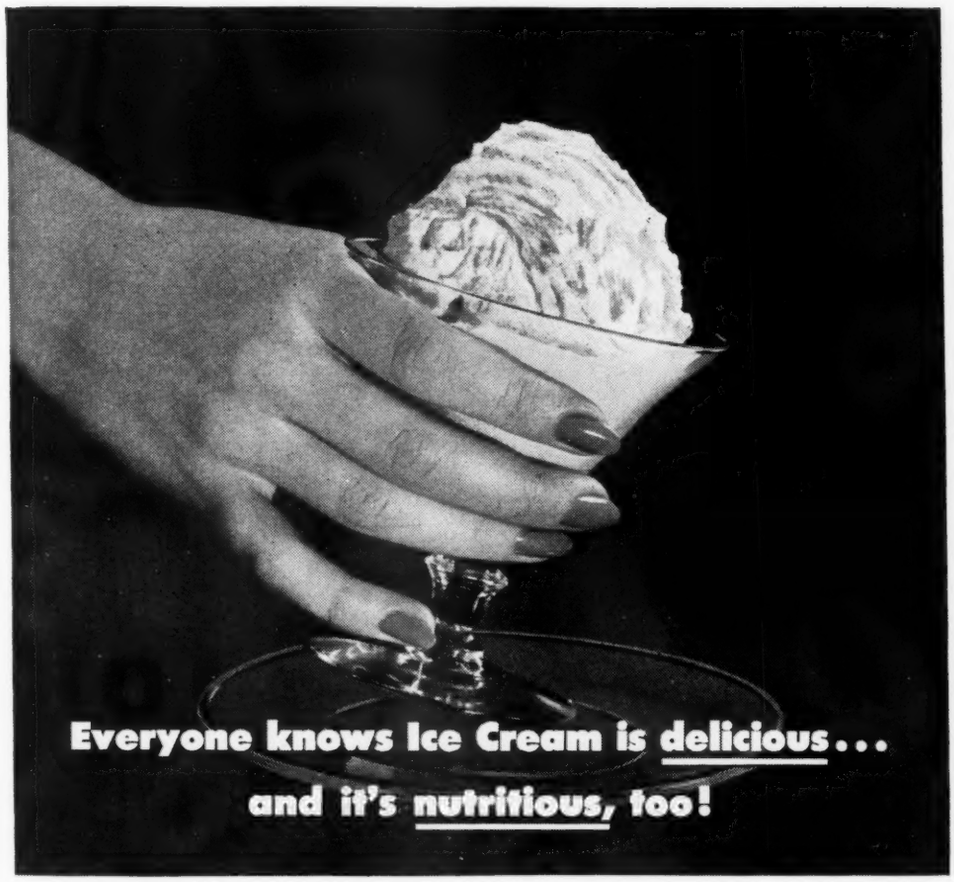
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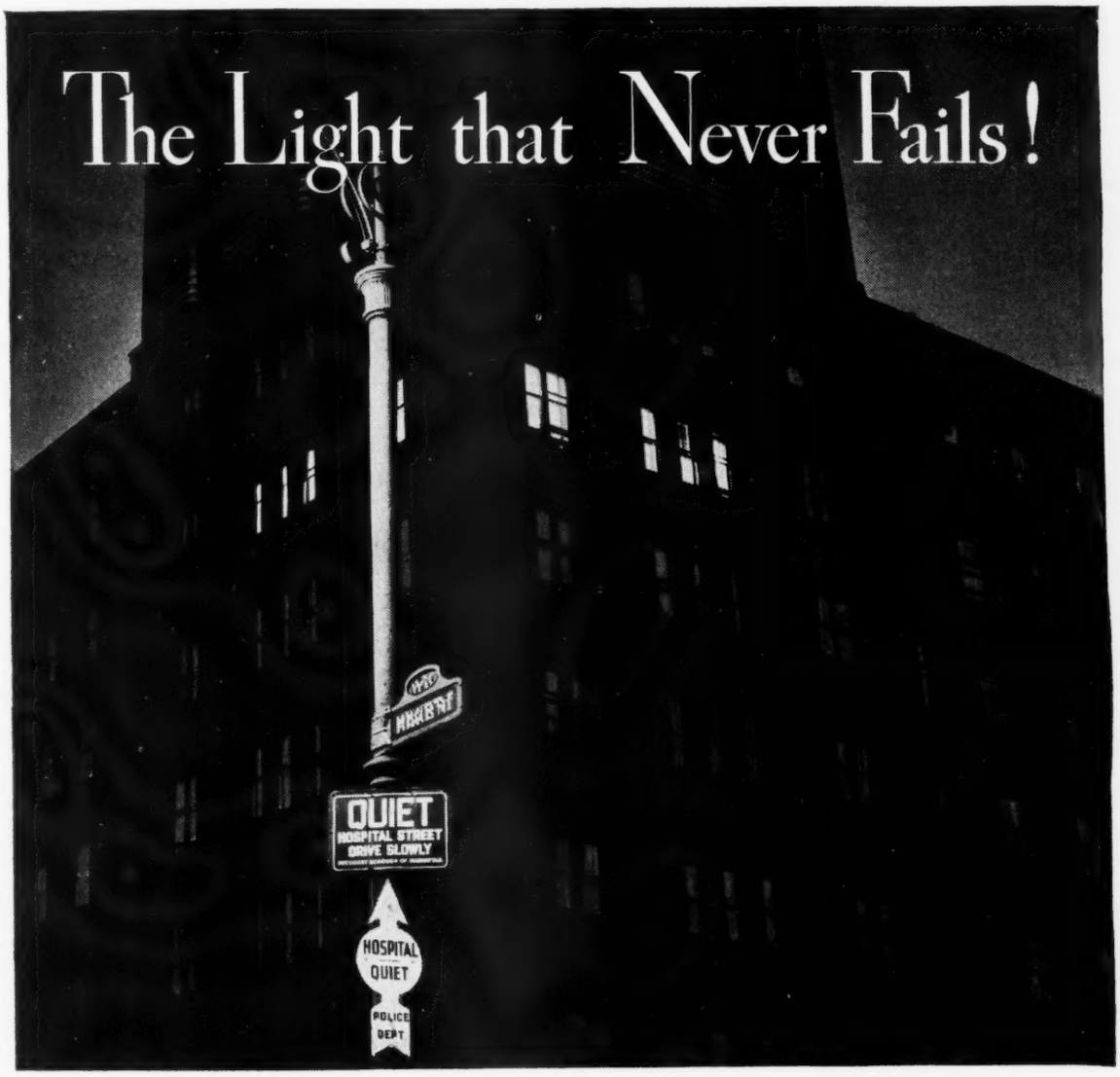
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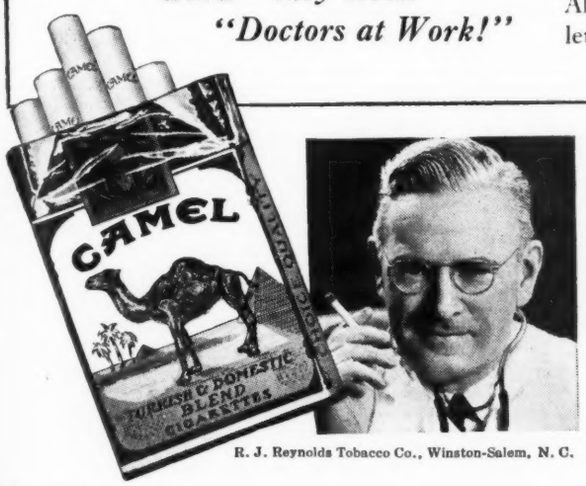


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All military members' dues are remitted for the year 1946.

Be sure your name is in the Directory Number. If you have not already done so, contact the Secretary of your County or District Medical Society today.

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MSMS ANNUAL SESSION

The 81st Annual Session of your State Society will be held at the Book-Cadillac Hotel, Detroit, Wednesday-Thursday-Friday, September 25-26-27, 1946. A stellar program is being arranged. It will be a great *Victory Meeting!*

The shortage of hotel accommodations in Detroit requires the appointment of an MSMS Housing Committee to aid members to secure bedroom reservations for the 1946 Session. Members are invited to write E. C. Texter, M.D., Chairman, MSMS Housing Committee, 1005 Stroh Bldg., Detroit, Michigan, for accommodations for the MSMS Session.

* * *

UNIFORM FEE SCHEDULE FOR GOVERNMENTAL AGENCIES

The Michigan Social Welfare Commission, on March 21, approved the principle of a uniform fee schedule covering medical fees, but recommended to county social welfare boards that they negotiate agreements with county or district medical societies consistent with the going rates in the community and that in no instance should such rates exceed the fees which are charged to private patients in the community. Under the welfare law, the State Social Welfare Commission has no authority to establish maximum or minimum prices for medical care issued by county social welfare boards but can only match expenditures on the basis of disbursements of the social welfare boards. However, its approval of the Uniform Fee Schedule in principle is an important precedent, especially to county social welfare departments.

The State Welfare Commission further approved the following: where the fees as set forth in the Uniform Fee Schedule for Government Agencies apply to cases where federal funds are involved (such as rehabilitation for the blind, civilian war assistance, enemy alien assistance, and incapacitation cases on the aid to dependent children program), a certification will be required from the attending physician on each voucher submitted for payment to the effect that the fees charged are not in excess of the lowest fees charged any other agency for the same service.

State Rehabilitation already had adopted the same rule covering its clients.

The Uniform Fee Schedule for Governmental Agencies has been approved in principle by three state agencies (Michigan Social Welfare Commission, Michigan State Rehabilitation, and Michigan Crippled Children Commission), and by the Veterans Administration on the federal level.

* * *

MEDICAL CARE OF MICHIGAN VETERANS

Have you signed and returned to MSMS the post card signifying your desire to be appointed a fee-designated physician under the Veterans Administration program for "home town medical care" in Michigan for *VETERANS WITH SERVICE-CONNECTED DISABILITY?* Every doctor of medicine is entitled to serve under this program, designed to preserve the physician-patient relationship. Veterans are being told to seek medical care from their own doctors. Only those physicians who return the postal card to MSMS will be entitled to compensation for their medical services to veterans under this plan. Daily, hundreds of cases are receiving medical care on this private basis, so mail your card (or the following coupon) at once if you have not already done so.

PARTICIPATION BLANK

Please file my acceptance of appointment as a fee-designated physician under the plan for veterans' care outlined in your Secretary's Letter No. 98 dated December 26, 1945.

(signed) ....., M.D.

Street.....

City.....

.....
(Date)

(Continued on Page 564)

ANOTHER *First* from TESTAGAR

Special
AMINOPHYLLIN SUPPOSITORIES

for relief of Asthma and certain coronary conditions where Aminophyllin is indicated.

Assure faster—more sustained relief—free from potential gastric irritation.

In addition to the obvious advantages of administering Aminophyllin rectally, these Special Aminophyllin Suppositories (Testagar) alleviate any possible burning or smarting because each suppository contains ½ grain of Benzocain . . . combined with 7½ grains of Aminophyllin in a cocoa butter base.

ADULT DOSE: One suppository for relief and one as needed for maintenance therapy.

Write for literature and samples.

Testagar & Co., Inc.
Detroit 26, Michigan

(Continued from Page 562)

SOME OF MSMS PUBLIC RELATIONS ACTIVITIES

A newspaper advertising program has been approved by MSMS. It calls for 12 different ads in a series being prepared by the MSMS P. R. Counsel, H. W. Brenneman. These ads in newspapers throughout the State will be inserted by county medical societies. The State Society will pay for the first insertion. A good percentage of county societies are utilizing newspaper advertising, with excellent results in public relations.

"Little Joe Genius" is a new character being featured in a series of pamphlets published by MSMS for distribution by physicians to the laity.

The medical profession today is under the most critical microscope of public attention, and must be seen and heard in the most favorable light. Public Relations begin at home.

If a Speakers Bureau has been organized in your county or district medical society, have you proffered your services to speak to lay groups such as veteran, fraternal, service, and community organizations? Or—if you prefer not to speak—have you contacted one or more of these organizations in an endeavor to arrange a speaking engagement for a representative of the State or County Medical Society? Medicine has a message which in many areas is being hidden under a bushel. Work to the end that an active and alert Speakers Bureau exists in your county. Speaker's kits are available from MSMS, 2020 Olds Tower, Lansing 8, Michigan.

* * *

HEARINGS ON S. 1606

The following witnesses appeared before the Committee during the first two weeks of the hearing which began April 2: Senator Robert F. Wagner, New York; Senator Claude Pepper, Florida; Congressman John D. Dingell, Michigan; Dr. J. W. Mountin, representing the Surgeon General of the United States Public Health Service; Watson B. Miller, Federal Administrator of the Federal Security Agency; Arthur J. Altmeyer, Chairman of the Social Security Board; Leo J. Linder, Chairman of the National Committee on Social Legislation of the National Lawyers Guild, and William Logan Martin, representing the American Bar Association; Fiorella H. LaGuardia, Director of UNRRA; Helen Hall, representing the National Federation of Settlements; Joseph Fichter, representing the Joint Commission on Health of the National Planning Association; The Rt. Rev. John O'Grady, representing the National Catholic Rural Life Conference; and The Rev. Francis W. McPeek, representing the National Council for Social Action of the Congregational Christian Churches.

Each of these witnesses was interrogated at length by members of the Committee, and each, in turn, filed a lengthy statement expressing the point of view of his group or agency. Summaries of the testimony and the statements are appearing in current issues of the *Journal of the American Medical Association.*

On the first day of the hearings, immediately after Chairman Murray had opened the session, Senator Robert Taft, Ohio, requested permission of the Chairman to make a statement. Premission was refused, and there followed a very heated discussion between Senators Taft and Murray.

Notable incidents which occurred during the hearings were the intelligent and thought-provoking questions and statements by Senators Ellender, Louisiana; Donnell, Missouri, and Aiken, Vermont.

Chairman Murray has retreated from his original decision to hold medical representatives to national organizations. Some representatives of a few state medical societies will be invited to act as witnesses at the extension of the hearings on the Wagner-Murray-Dingell Bill. The Michigan State Medical Society has continued its urgent requests to be permitted to send representatives from this state to the hearing in Washington, D. C.

* * *

ENGLAND'S STATE MEDICINE PROPOSAL

A Bill for nationalizing the medical profession and all its branches and making available free medical, hospital and nursing service for everybody in England and Wales was presented to Parliament on March 21 by Aneurin Bevan, Minister of Health, along with an explanatory White Paper. The program would go into operation early in 1948 and would cost an estimated $608,000,000 a year or about $15.00 a person. A similar Bill to cover Scotland is to be introduced later. Everything from major operations to household medicine would be supplied free without distinction of age, sex and income of the patient. Salaries and other expenses involved would be met by the Government but patients would be allowed to buy extra comforts or pay independent doctors if they wish to do so. *The B.M.A. was consulted during the*

(Continued on Page 578)



More Lasting Relief from Menopausal Distress

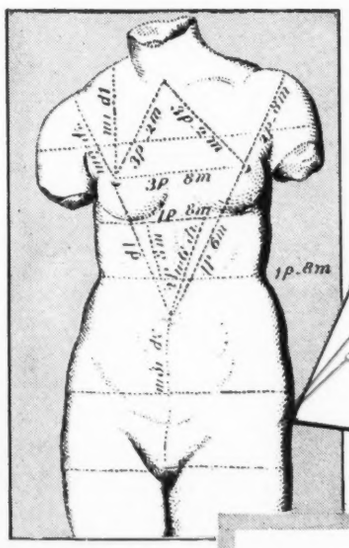
DI-OVOCYLIN

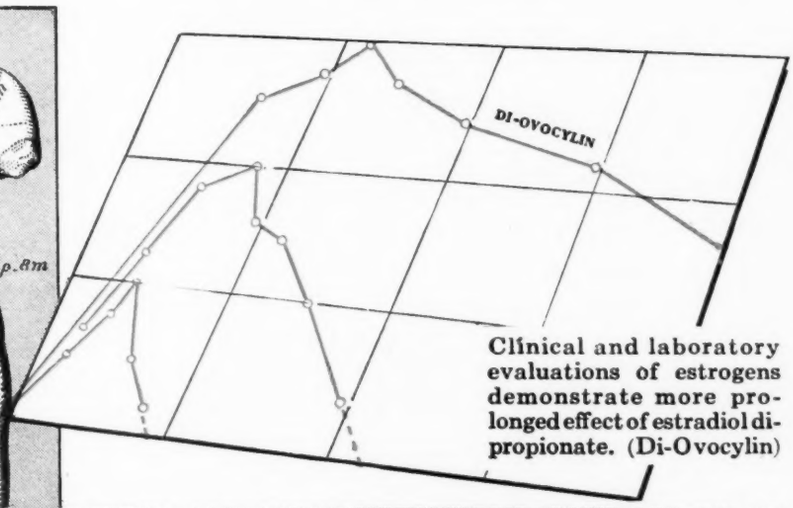
ESTERIFICATION prolongs the effect of this estrogenic hormone, thereby making fewer injections necessary. Di-Ovocylin, the dipropionic acid ester of alpha-estradiol, is therefore the therapy of choice for convenience and economy.

In management of the menopause, for example, Greene* points out that estrone injections may be required as often as two or three times per week, while a single injection of estradiol dipropionate, every fourteen to twenty-one days, will control symptoms in the majority of patients.

*Greene, R. R.; Int. Abst. Surg. 74:595, 1942

DI-OVOCYLIN—*Trade Mark Reg. U. S. Pat. Off.*





Clinical and laboratory evaluations of estrogens demonstrate more prolonged effect of estradiol dipropionate. (Di-Ovocylin)

CIBA PHARMACEUTICAL PRODUCTS, INC.
SUMMIT • NEW JERSEY
Steroid Hormones • Fine Pharmaceuticals

Have You Made Your Hotel Reservation?



DETROIT SESSION

Michigan State Medical Society

September 25-26-27, 1946

The list of hotels and the reservation blank below are for your convenience in making your hotel reservation in Detroit. Please send your application not to the Hotel directly but to E. C. Texter, M.D., Chairman of MSMS Housing Committee, 1005 Stroh Bldg., Detroit 26. Mailing your application now will be of material assistance in securing hotel accommodations.

HOTELS AND RESERVATIONS PRICES

HOTEL	SINGLE	DOUBLE BED	TWIN BEDS
Book Cadillac Hotel	$3.50 to $7.00	$5.00 to $9.00	$6.00 to $9.00
Statler	3.00 to $6.50	5.00 to $8.00	5.50 to $9.00
Detroit Leland	3.00 to $5.00	5.00 to $7.00	5.00 to $7.00
Fort Shelby	2.50 to $5.00	4.00 to $7.00	5.00 to $7.00
Tuller	2.50 to $4.00	4.00 to $5.00	5.00 to $7.00
Barlum	2.50 to $4.00	4.00 to $5.50	5.50 to $6.00
Wolverine	2.50 to $4.00	3.50 to $5.00	5.00 to $8.00

Very Few Singles Are Available

E. C. Texter, M.D., Chairman
MSMS Housing Committee
1005 Stroh Building
Detroit 26, Michigan

Please make hotel reservation(s) as indicated below:

Hotel .....(1st choice)
Hotel .....(2nd choice)
Hotel .....(3rd choice)

.....Single Room(s)
.....Double Room(s) for.....persons
.....Twin Bedded Room(s) for.....persons

Arriving September.....hour.....A.M. .....P.M.
Leaving September.....hour.....A.M. .....P.M.

(Names and addresses of all applicants including person making reservation).

Name	Address	City	State

Date..... Signature.....

Say you saw it in the Journal of the Michigan State Medical Society

"treatment is fairly simple and almost specific"[1]



Bile salts are the "only satisfactory manner"[1] *of correcting the bile stasis commonly responsible for constipation, epigastric distress, vague abdominal pain, anorexia, and listlessness.*

Torocol* acts promptly to increase the flow of free bile, reestablish biliary drainage, and render fat particles easier to digest. Improved peristalsis is further aided by mild evacuants. As bowel regularity is initiated, dyspepsia symptoms are relieved, food tolerance increased, and a sense of well being regained.

Small, smooth, easy-to-take Torocol tablets provide bile salts, extract cascara sagrada, phenolphthalein, oleoresin capsicum, and oil of peppermint.

SAMPLES and literature to the profession.

Torocol

For The Stagnant Gallbladder
Gentle Laxative and Choleretic

THE PAUL PLESSNER CO.
Detroit 2, Michigan

[1]Am. J. Dig. Dis. 10:141, 1943.
*T. M. Reg. U.S. Pat. Off.

Michigan Health Council

The Michigan Health Council has brought a united front to the support of such measures as the Hill-Burton Bill (S-191) for hospital surveys and construction, a hospital licensing bill for Michigan, and such other legislation as would benefit the health of the people. At the same time the Health Council has enabled strong opposition to those proposals which are detrimental to the people or unsound from professional viewpoints.

In the field of public relations the Michigan Health Council retained Professor Floyd E. Armstrong, noted economist and educator, as a spokesman on medical economics. Professor Armstrong has carried the message of the progress of the American system of medical care to thousands of persons.

The Health Council has also compiled a library on health economics and maintains a file of current newspaper clippings, pamphlets and other material in the field. This material is available upon request to all members of the health professions and other interested persons.

News releases, articles for professional journals, pamphlets and booklets have been published and distributed by the Health Council as a regular part of its public relations activities.

With the original conception of the functions and purposes of the Health Council now an integrated part of its activities, the way now has been cleared for further development.

It has long been recognized by the Michigan Health Council that its facilities are not sufficient to reach all the people of this state by direct methods. To carry its program to the local level, the Michigan Health Council now is proposing the establishment of local community health councils in every locality where a representative group of health leaders can be formed.

The function of the Michigan Health Council in this project will be to give counsel and guidance and to act as co-ordinator and clearing agency for the local groups. The Michigan Health Council will also serve as a source of educational and promotional material and will interpret national developments for dissemination at the local level.

Because of the rapid developments in the field of health care both nationally and locally it has become apparent that the need for co-ordinated effort on the part of *all* health professions is greater now than ever before. The Michigan Health Council provides an instrument for the betterment of inter-professional as well as public relations.

Until recently the Health Council has consisted of representatives from Michigan State Medical Society, Michigan Hospital Association, Michigan Medical Service and Michigan Hospital Service. The Health Council now has invited the Michigan State Dental Society, Michigan Nurses Association, Michigan Public Health Association, Michigan Health Officers Association and other health groups to join in developing a united front in the eternal quest for better health for the American people.

While this effort has been concentrated largely in Michigan, the Council also has shared actively in endeavors to forward similar programs nationally.

As those who have followed the progress of the Health Council know, it already has accomplished a great deal toward better co-ordination of health activities.

The proposal for a National Health Congress recently carried before the House of Delegates of the American Medical Association drew part of its inspiration from experience with the Michigan Health Council. The idea originated with the Conference of State Society Presidents and Other Officers, which itself was an outgrowth of the meetings called in Detroit by A. S. Brunk, M.D., at the time he was President of the Michigan State Medical Society. The American Medical Association has now authorized its council on Medical Service and Public Relations to take the initiative in organizing a National Health Council. Meanwhile, the Michigan Health Council is preparing to co-operate in every way possible with the proposed National Congress.

Mother Presented With Fifth Set of Twins

Grand Rapids—St. Mary's Hospital authorities said that Mrs. Gerrit Kooiengas, 38, and her fifth set of twins born there are in "fine condition." With the twins' arrival Mrs. Kooiengas, wife of a Byron Center celery grower, became the mother of nineteen children. Her oldest child, Andrew, nineteen, is in the Army.



gentle reminder

For the patient with functional constipation, 'AGAROL'* Emulsion serves as a gentle reminder rather than a violent summons. This emulsion of mineral oil with phenolphthalein and an agar-gel permits effective, yet gentle relief through:

1. Replacement of lubricating factors with highly emulsified mineral oil and a colloidal gel similar to mucin in its lubricating properties.
2. Replacement of moisture through its distinctive hydrophilic action.
3. Minimal threshold stimulation of peristaltic activity.

These actions are integrated to promote the formation of a consolidated, lubricated and easily passed ecal mass. Simultaneously, they encourage physiologic restoration of the patient's own evacuatory mechanisms.

For additional pharmaceutical details consult your pharmacist—for more extensive medical data write Medical Division of William R. Warner & Co.

William R. WARNER and Co. Inc. 113 WEST 18TH STREET, NEW YORK 11, N. Y.

'agarol'

Emulsion of mineral oil with phenolphthalein and an agar-gel. Dispensed in bottles of 6, 10 and 16 fluidounces.

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Say you saw it in the Journal of the Michigan State Medical Society

Study of Child Health Services

Announcement by Frank Van Schoick, M.D., Jackson, Mich.

The American Academy of Pediatrics at its annual meeting in St. Louis in November, 1944, approved a plan of its "Committee on Child Health in the Postwar Period" to make a survey of the needs of the children of the United States and the facilities available to meet these needs. The project as conceived and subsequently carried out in the "Pilot State," North Carolina, is unique in that it is a study by doctors of the situation in their own field of endeavor; of the medical care received by and available to children, of existing facilities for medical care, and the education and training of physicians giving that care.

After the groundwork of the survey was worked out in North Carolina, it became quite evident that the major premise of the Academy was correct—that the doctors were the logical ones to initiate and conduct an investigation in evaluating services and the needs and facilities relative to the care of children. This is a survey by doctors who are studying their own problems of supply and demand both qualitatively and quantitatively. It must be emphasized that this study is in no way connected with any of the many plans which have been proposed for medical care. As a matter of fact, this is an honest and sincere effort to collect factual data by doctors, that they may better answer the many problems involved in rendering medical aid to the children of America.

We have certain ideas as to the adequacy of care in America. We believe the over-all picture is the best in the world, realizing just as surely the need for improvement, particularly in certain areas. Others have just as strong ideas and concepts, mostly based on the quality and quantity of services in the less fortunate areas. Between these widely divergent ideologies must rest the true course for us in America. This is our challenge, self-imposed, to complete this survey in order better to understand our own problems and to offer the correct solution to the exigencies of supply and demand.

Michigan was chosen for the original or pilot state, but for reasons beyond the control of the committee, mainly geographic, North Carolina was the first state to complete the project. In Michigan we have a cross section of the United States. We have extremes in densities of population, we have extremes in social and economic strata, we have the most highly industrialized area in the world. We have highly developed mining, fishing, farming, lumber and recreation industries, to mention only a few.

From the medico-social standpoint, we have the most highly developed plan for distribution of medical care. We have been in the habit of studying our own problems and coming up with an answer. We also have the habit of being *first* in the application of our answer to the problem of supply and demand. We must not let this habit fail in the present project.

Co-operating with the Academy in Michigan is the Michigan State Medical Society and our good friends and co-workers, the Society for Crippled Children and Disabled Adults, Inc. This co-operation is financial as well as physical, and therein we register another Michigan first.

Within the next few weeks each physician in the state will receive a short questionnaire. It is of utmost importance that this be completed as soon as possible and *returned*. By so doing the practicing physician has the opportunity to determine the needs in Michigan and thereby determine the best methods to meet these needs.

Let's have another Michigan First—The Best!

ARMY MEDICAL LIBRARY

The Army Medical Library began in 1836, and was a small collection of books and pamphlets in the office of the Surgeon General. In 1869 it boasted 5,000 volumes, but by 1879 there were 50,000 books, and a building was constructed for $250,000, which is still occupied by the library. This building was completed in 1877.

The library has constantly grown until it is the greatest in the world. In 1941 plans for a new building on Capitol Hill were drawn, but war made other demands. During the war the library has provided a service beyond what could be expected. Through the years its collections have grown to over a million items, over 500,000 being bound volumes. It has 513 incunabula (books printed before 1500 A.D.). It is hoped that a suitable new building will soon be in the group on Capitol Hill.

IT IS
GOOD PRACTICE

. . . in judging the irritant properties of cigarette smoke . . . to base your evaluation on scientific research. In judging *research,* you *must* consider its *source**.

PHILIP MORRIS claims of superiority are based *not* on anonymous studies, but on research conducted only by competent and reliable authorities, research reported in leading journals in the medical field.

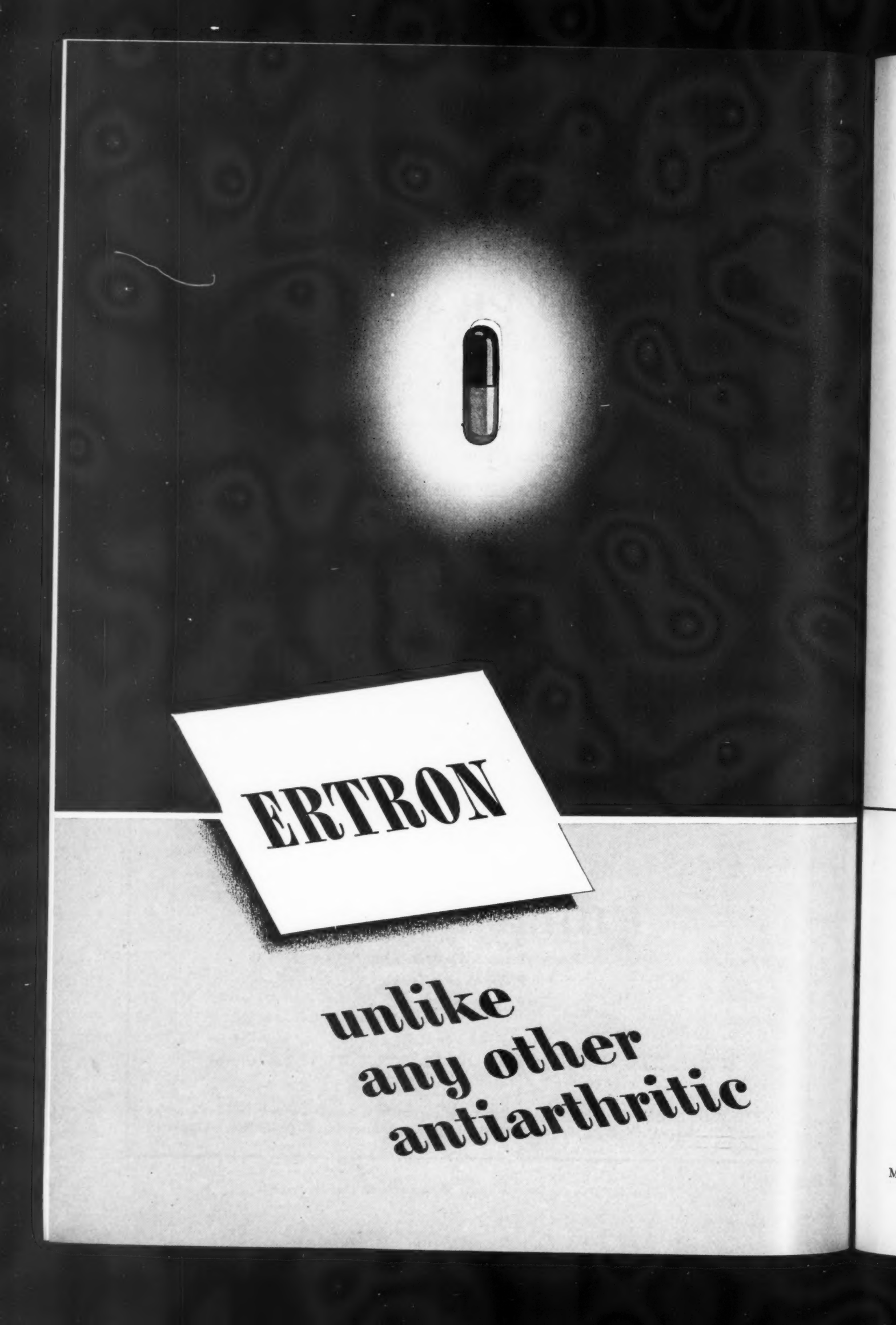
Clinical as well as laboratory tests have shown PHILIP MORRIS to be definitely and measurably less irritating to the sensitive tissues of the nose and throat. May we send you reprints of the studies?

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*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.


ERTRON
unlike
any other
antiarthritic

CLINICALLY EFFECTIVE

It is now known that Ertron is unique—differing clinically and chemically from all other drugs used as antiarthritic medication.

An extensive bibliography, based on ten years of clinical research, affords ample evidence regarding the effectiveness of Ertron in arthritis.

CHEMICALLY UNIQUE

It can now be stated, on the basis of recent laboratory research, that Ertron is chemically different.

Simply stated, Ertron is electrically activated vaporized ergosterol prepared by the Whittier Process. Each capsule contains 5 mg. of activation-products having a potency of not less than 50,000 U.S.P. Units of vitamin D.

Ertron contains a number of hitherto unrecognized factors which are members of the steroid group. The isolation and identification of these substances in pure chemical form further establish the chemical as well as the therapeutic uniqueness of Ertron.

ERTRONIZATION THERAPY

Physician control of the arthritic patient is essential for optimum effect. To Ertronize, employ Ertron in adequate daily dosage over a sufficiently long period to produce beneficial results. If signs of overdosage appear, discontinue medication for about ten days—then continue with three capsules per day gradually building up to the patient's level of tolerance.

Ertron is the registered trade-mark of Nutrition Research Laboratories

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SUPPLIED IN BOTTLES OF 50, 100 AND 500 CAPSULES • PARENTERAL FOR SUPPLEMENTARY INTRAMUSCULAR INJECTION

NUTRITION RESEARCH LABORATORIES • CHICAGO

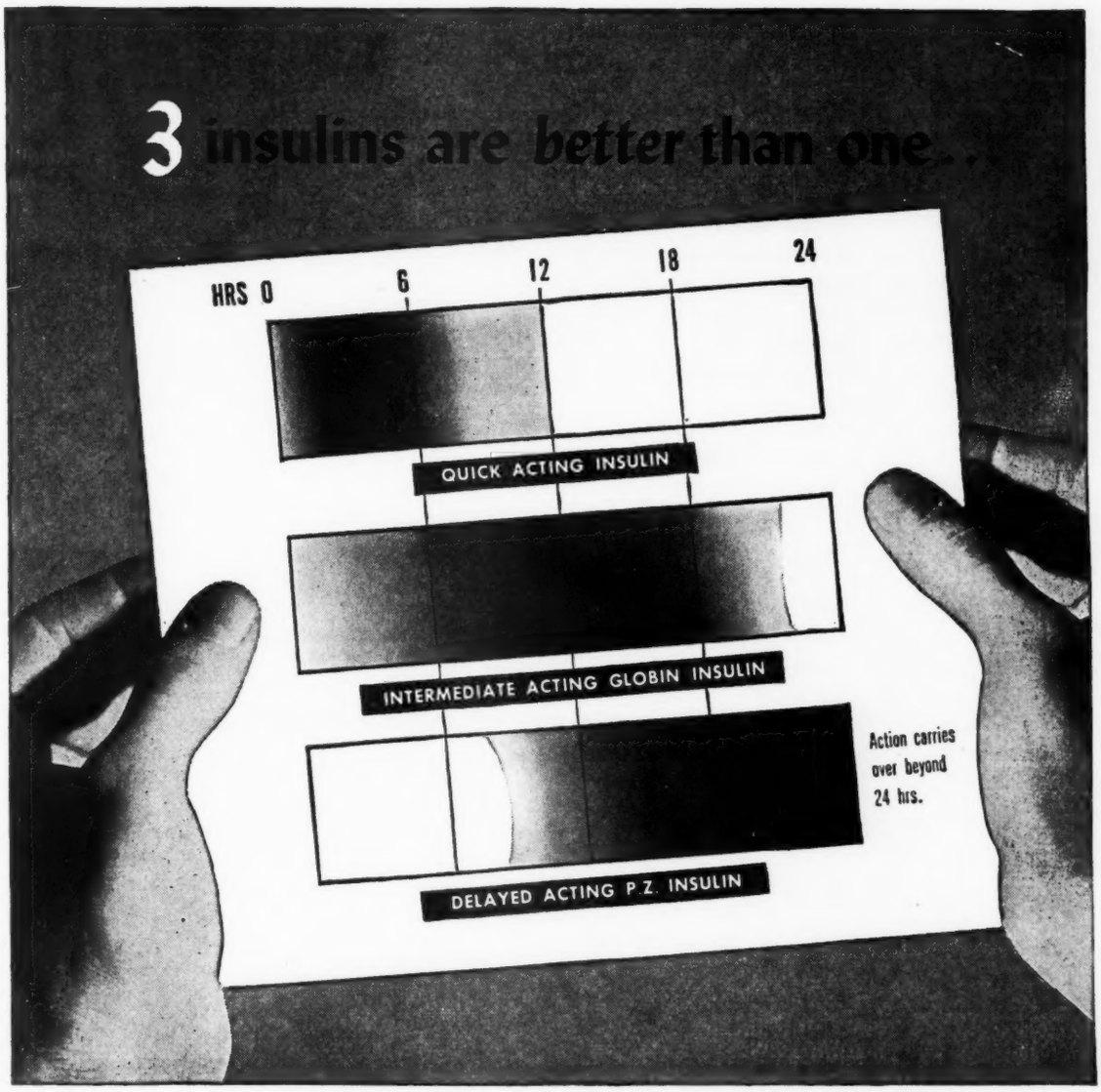
Criticizing the Critics of the Wagner-Murray-Dingell Bill

The latest contribution of the Washington braintrusters who are utilizing every effort, both day and night, to socialize the United States by inserting the entering wedge of state-political medicine, is the following questionnaire which has been titled the "Consumer's Guide for Criticizing the Critics of the Wagner-Murray-Dingell Bill, S.1606."

1. Are people at present getting adequate medical care?
2. What does the bill do for you if adopted?
3. What will it cost you?
4. Can doctors working on a fee basis take care of all people needing medical care?
5. How much time is wasted by doctors waiting for patients?
6. How much time is taken up by doctors trying to keep books?
7. Why don't doctors go to the places where they are needed instead of going to the cities where the hospitals are?
8. Is State control bad and medical association good for sick folks?
9. Is the bill a bid for "Socialism" or is it just a "red herring" to prejudice the public against the bill?
10. Does Russia have the same kind of system as embodied in this bill?
11. If they have was it necessarily copied from them?
12. Is Socialized Medicine in Great Britain unsatisfactory to the British people or is it only the medical societies which do not like it?
13. Is working for the State an undesirable, an unpatriotic occupation? Are public employes pariahs of society who should be shunned by all decent citizens?
14. Is the fact that American boys of military age could not pass the physical examination by an extremely high percentage of no importance to you or me?
15. Is the private enterprise system so sacred that the health of children should be jeopardized to protect it?
16. Is it so terrible for Government officials to be given the responsibility of handling billions of dollars?
17. Does the prospect of a bureaucratic machine scare young men of the medical profession or are they kept out by restrictions by the American Medical Association politicians who demand scarcity of doctors in order to keep up the doctors' income?
18. Are all doctors opposed to this bill?
19. Will it destroy present hospitals and hospital plans?
20. How much would be saved in wealth and lives if we had real preventive medicine in place of the old worn-out cure-'em-after-they-get-sick anarchy?
21. Are the provisions of this bill any more socialistic than any State Board of Health?
22. Why did the *AMA Journal* call President Hoover's Committee on costs of medical care in 1932 "communistic"?
23. Why did the California Medical Association decide to suppress the Dodd report on Medical Needs in California?
24. Co-operative hospitals in various parts of the country are not State-controlled. Why does the Medical Association oppose them?
25. What is the AMA doing about the States in which the number of medical graduates is getting smaller every year?
26. Under the bill would a patient be compelled to consult a doctor he would not want?
27. Do people who patronize free clinics have free choice of doctors?
28. Would the bill free the poor from the charity system?
29. Would the bill help the young doctor to get started on full employment of his knowledge and skill?
30. Would the bill's National Advisory Medical Policy Council be composed of politicians only with no doctors on it?
31. Does the U. S. Surgeon General have dictatorial authority under the bill and with no check on his program?
32. Would Government bureaucrats administer the law?
33. What is the National Physicians' Committee?
34. Where does the money come from for the campaign against the bill?
35. Why are big drug companies helping the AMA in its campaign?
36. Why are the insurance companies against the bill?
37. If Michigan draft quotas during the War had to be exceeded because of the high percentage of rejections in certain Southern States should we think that is a serious matter or should we shrug it off as of less consequence than the fact that Michigan would be paying out more than would be received from the Federal Government in any program of Federal Aid?

All of these *leading questions,* aimed to further befuddle the already confused public on this question, can easily be answered by anyone who has made a cursory study of medical economics. For example, the answer to question 23, like all the other answers, is simple. The California Medical Association published the Dodd report as a bound volume of 174 pages; 6,400 copies were printed and distributed at a cost of $5,103.50—on top of more than $41,000 expended by CMA to make the Dodd survey. Is this the suppression of a report?

Innuendo and misinformation may work for a while, but they are not good or honest weapons to win a great battle.



THE PHYSICIAN treating diabetes today has the choice of three types of insulin. One is rapid-acting but short-lived. Another is slow-to-start but prolonged. Intermediate between them is the new 'Wellcome' Globin Insulin with Zinc which starts fairly promptly and continues *for sixteen hours or more*. Action is maximal during the times of major carbohydrate intake but diminished toward bedtime so that the likelihood of nocturnal reactions is decreased. Today, the physician is wise to consider all *three* insulins.

'Wellcome' Globin Insulin with Zinc is a clear solution, comparable to regular insulin in its freedom from allergenic properties.

Accepted by the Council on Pharmacy and Chemistry, American Medical Association. Developed in the Wellcome Research Laboratories, Tuckahoe, New York. U.S. Patent No. 2,161,198. Available in vials of 10 cc., *80 units in 1 cc.* and vials of 10 cc., *40 units in 1 cc.* Literature on request.

'Wellcome' Trademark Registered

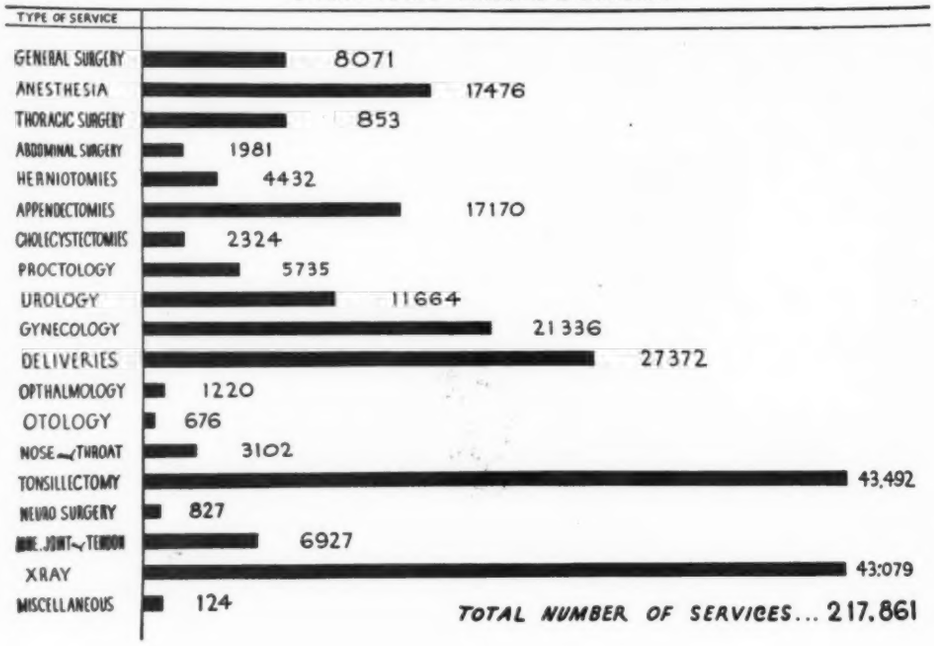
'WELLCOME'
Globin Insulin
WITH ZINC

BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 and 11 EAST 41ST STREET, NEW YORK 17

MICHIGAN MEDICAL SERVICE

NUMBER OF SERVICES RENDERED

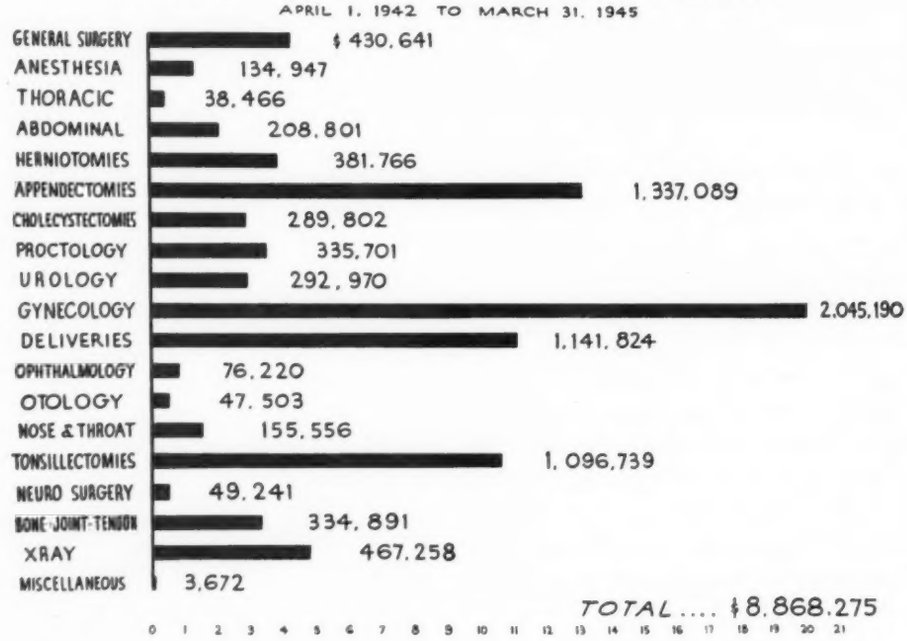
3 YEAR PERIOD — APRIL 1, 1942 TO MARCH 31, 1945



MICHIGAN MEDICAL SERVICE

PAID TO DOCTORS FOR SERVICES RENDERED

APRIL 1, 1942 TO MARCH 31, 1945



WESTERN UNION

A. N. WILLIAMS, PRESIDENT

SYMBOLS
DL = Day Letter
NL = Night Letter
LC = Deferred Cable
NLT = Cable Night Letter
Ship Radiogram

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This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

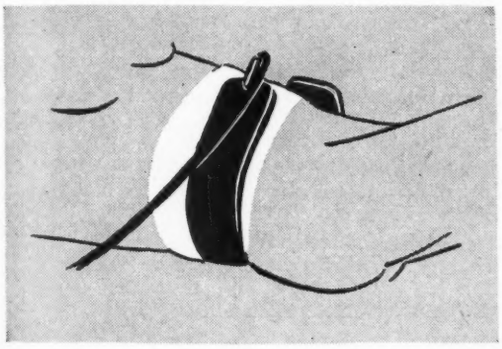
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NEW CUFLEX SELF RETAINING ELECTRODE NOW READY STOP
PRELIMINARY SALES INDICATE GREAT INTEREST AND TREMENDOUS
DEMAND BY ALL DOCTORS USING S W DIATHERMY MACHINES STOP
CUFLEX ELECTRODE SNAPS ON AND STAYS THERE RESULTS IN FIRM
EVEN GRASP ON EVEN MOST DIFFICULT BODY AREAS AFFORDING
QUICKER EASIER APPLICATION AND DEEP HEAT STOP AVAILABLE FOR
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- Saves time
- Insures firm, even contact
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Veteran's Procedure in Applying for Out-Patient Treatment

(Bulletin released to Counselling Centers of Michigan by the Veterans Administration)

In the case of an established service-connected case, a veteran asking for out-patient treatment should fill out Veterans Administration Form No. 2827 (Application for Out-patient Treatment) and submit it to the Veterans Administration, Dearborn, Michigan. If form is not available, a letter of application for out-patient treatment for his service-connected disability may be submitted. It must be understood that he can only apply for out-patient treatment for his service-connected disability.

In the case of a veteran recently discharged whose claim awaits adjudication, he should fill out Veterans Administration Form 2827 or submit a letter asking for out-patient treatment. It must be ascertained that the veteran has filed an application for a pension. If not, Veterans Administration Form No. 526 (Application for Compensation or Pension) completed should accompany this application for treatment. Veterans should also submit an affidavit stating that he received treatment while in the Service for the disability for which he is asking treatment.

The veteran who has filed Veterans Arministration Form 2827 or submitted a letter asking for out-patient treatment and same has been duly authorized by the Veterans Administration should submit the letter of authorization to his local physician for treatment. After the treatment, given as per the authorization, completed bills for fees should be submitted by the physician each month to Michigan Medical Service who will pay same by their own check.* Michigan Medical Service will then make a consolidated report of all cases paid to the Veterans Administration which in turn will reconcile same and pay in a lump sum. This will cut down red tape and should give fast service to the veteran who is presumed to have a service-connected or aggravated disability and is awaiting adjudication of his claim. Veterans who are in need of this service should contact their local counselling center which will give them the information desired in filing the claim, et cetera. The actual filing of claims is done by the veterans organizations, namely: the American Legion, Veterans of Foreign Wars, Disabled American Veterans and the American Red Cross.

It should be remembered that all forms and correspondence on matters relative to out-patient treatment should be forwarded to the Veterans Administration, Dearborn, Michigan.

*According to the Uniform Fee Schedule for Governmental Agencies adopted by MSMS House of Delegates, September 19, 1945.

ENGLAND'S STATE MEDICAL PROPOSAL

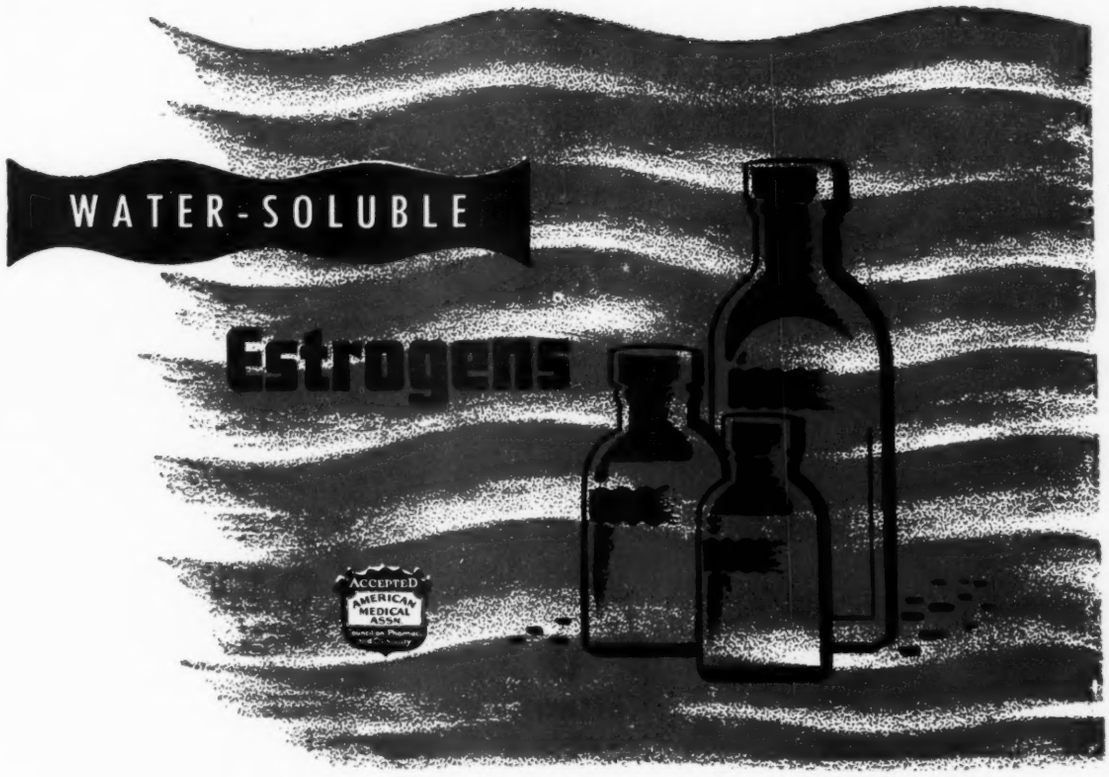
(Continued from Page 564)

drafting of the bill but few of its recommendations were accepted.

The only charges will be for repair of spectacles, false teeth and other appliances damaged through negligence on the part of the patient and for provision of domestic health and special domestic equipment in maternity cases and convalescence. Private rooms in hospitals will be provided free where medically necessary, providing they are available.

Considering the labor party majority in Parliament, this bill is certain of passage; however much criticism may result in alterations of certain details. This bill will genuinely place the health of the entire population in the hands of the state. The Socialists are jubilant at what they consider a triumph.

Have You Made
Your Hotel Reservation
for the
1946 Detroit Session
of the
Michigan State Medical Society
September 25-27
?
Turn to Page 566 for
Full Information and Reservation Form



Estrogens are excreted by the kidney not as free chemical compounds but as *conjugates.* In this natural form, the equine estrogens . . . estrone, estradiol, equilin, equilenin, and hippulin . . . are present as water-soluble sulfates which are highly active when administered orally. Under hydrolysis, however, the conjugation is destroyed and the estrogens are converted to free chemical compounds which are water insoluble and comparatively inactive orally.

In "PREMARIN", the equine estrogens are carefully protected against hydrolysis to preserve their highly desirable characteristics. "PREMARIN", therefore, is *water soluble* and orally effective, making possible the control of menopausal symptoms with tablet or liquid medication.

An extensive bibliography on "PREMARIN" attests to its high therapeutic effectiveness, its comparative freedom from toxicity, and to the fact that treatment is usually followed by a general feeling of well-being.

"Premarin"

CONJUGATED ESTROGENS (equine)

Tablet No. 866 (1.25 mg.) Tablet No. 867 (Half-Strength) (0.625 mg.)
Liquid No. 869 Each teaspoonful is equivalent in potency to one "Premarin" Half-Strength Tablet

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Michigan Foundation for Medical and Health Education

This Foundation was sponsored by and has the enthusiastic endorsement of MSMS. A goal of $100,000 in contributions, for the year ending September 25, 1946, was set by retiring President A. S. Brunk, M.D., who offered to contribute $1,000 if $99,000 were contributed in a year's time. Almost fifty-seven per cent (57%) of the goal has been reached!

Your help in interesting other doctors of medicine and laymen to contribute to the Foundation, during these days of high taxes, is invited. A pledge card is printed below for your convenience.

From September 18, 1945, to March 15, 1946

Allegan County Medical Society	$ 85
Anonymous, in Memory of his Mother	1,000
Regis V. Asselin, M.D., Detroit	5
R. H. Baribeau, M.D., Battle Creek	50
Barry County Medical Society	50
M. G. Becker, M.D., Edmore	1,000
A. P. Biddle Estate	2,933.81
Branch County Medical Society	85
C. D. Brooks, M.D., Detroit	1,000
J. D. Bruce, M.D., Ann Arbor	1,000
A. S. Brunk, M.D. Detroit	1,000
E. I. Carr, M.D., Lansing	1,000
L. G. Christian, M.D., Lansing	100
Clinton County Medical Society	50
C. V. Costello, M.D., Holland	1,000
H. H. Cummings, M.D., Ann Arbor	1,000
A. C. Curtis, M.D., Ann Arbor	15
J. S. DeTar, M.D., Milan	1,000
Dickinson-Iron County Medical Society	80
Eaton County Medical Society	70
A. C. Furstenberg, M.D., Ann Arbor	1,000
L. J. Gariepy, M.D., Detroit	1,000
Genesee County Medical Society	1,000
Robert W. Gillman, M.D., Detroit	1,000
Grand Traverse-Leelanau-Benzie Co. Med. Soc	167.50
Gratiot-Isabella-Claire County Medical Society	125
T. J. Heldt, M.D., Detroit	25
Hillsdale County Medical Society	95
L. J. Hirschman, M.D., Detroit	1,000
L. E. Holly, M.D., Muskegon	1,000
Houghton-Baraga-Keewenaw Medical Society	140
R. J. Hubbell, M.D., Kalamazoo	1,000
Huron County Medical Society	55
Wm. A. Hyland, M.D., Grand Rapids	1,000
Ingham County Medical Society	1,572.50
S. W. Insley, M.D., Detroit	1,000
Jackson County Medical Society	350
Joint Committee on Health Education	1,000
Francis Jones, M.D., Lansing	1,000
F. H. Lashmet, M.D., Petoskey	100
Lenawee County Medical Society	125
Manistee County Medical Society	100
F. F. McMillan, M.D., Charlevoix	100
Mason County Medical Society	35
Mecosta-Osceola-Lake Co. Med. Soc	45
H. A. Meinke, M.D., Hazel Park	50
Menominee County Medical Society	55
Michigan Medical Service	10,000
Mrs. K. B. Miner, Flint (in memory of F. B. Miner, M.D.)	1,000
Monroe County Medical Society	145
H. L. Morris, M.D., Detroit	1,000
Muskegon County Medical Society	310
Cora Boyce Neal, Grand Rapids	1,000
Ontonagon County Medical Society	15
Wm. H. Parks, M.D., Petoskey	100
A. W. Petersohn, M.D., Battle Creek	25
Lawrence Reynolds, M.D., Detroit	1,000
J. M. Robb, M.D., Detroit	1,000
John Rodger, M.D., Bellaire	100
St. Clair County Medical Society	220
G. B. Saltonstall, M.D., Charlevoix	1,000
E. F. Sladek, M.D., Traverse City	5,000
Ferris N. Smith, M.D., Grand Rapids	1,000
H. B. Steinbach, M.D., Detroit	100
R. H. Stevens, M.D., Detroit	1,000
C. L. Straith, M.D., Detroit	1,000
R. H. Strange, M.D., Mt. Pleasant	1,000
Jerrian Van Dellen, M.D., East Jordan	100
Ralph Wadley, M.D., Lansing	1,000
R. V. Walker, M.D., Detroit	1,000
H. L. Weitz, M.D., Traverse City	100
C. G. Wencke, M.D., Battle Creek	10
John O. Wetzel, M.D., Lansing	1,000
E. R. Witwer, M.D., Detroit	1,000
Margaret H. Zalen, M.D., Kalamazoo	5
	$56,893.81

(See page 582 for pledge card)

MASTER BUILDERS of ENDOCRINOLOGY



CLAUDE BERNARD
(1813-1878)

Claude Bernard has been rightly called the founder of experimental medicine. His work is associated with three great problems—pancreatic secretion, glycogen, and vasomotor nerves.

His work on the pancreas, and his studies on blood sugar and the glycogenic function of the liver, form the basis for our present knowledge of pancreatic function.

Aware of our responsibility to maintain the standards set by the early investigators, Harrower is dedicated to the task of developing superior products that physicians may continue to prescribe with confidence.

We adhere to high scientific and technical standards in the manufacture, assay, and control of Harrower endocrine and pharmaceutical products.

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Protection Under Michigan's Voluntary Health Program

In less than seven years one of every four residents of Michigan has voluntarily obtained Blue Cross protection. The following table shows the growth of the Blue Cross Plans—Michigan Hospital Service and Michigan Medical Service.

Michigan Hospital Service The Blue Cross Hospital Plan	*Michigan Medical Service* The Blue Cross Surgical Plan
Persons Enrolled	Persons Enrolled
1939— 74,236	1940—114,627
1941— 823,053	1941—407,052
1943—1,061,882	1943—571,015
1945—1,272,024	1945—858,235

Present National Blue Cross Enrollment—21,000,000 persons

Present National Rate of Growth—12,000 new subscribers daily

Number of Patients

Half a million and more men, women and children have received services "paid for in advance" through the Michigan Blue Cross. Hospital patients total more than 568,834; surgical patients more than 303,469.

Non-profit Operation

The Michigan Blue Cross Plans are organized under special enabling acts providing for non-profit operation.

Practically all of Michigan's recognized, non-profit general hospitals share in the operation of Michigan Hospital Service. The Michigan State Medical Society sponsors Michigan Medical Service.

Operating overhead of the Michigan Blue Cross Plans is at the remarkably low figure of approximately 10 per cent of earned income.

Distribution of Subscribers Payments

Michigan Hospital Service
Inception to January, 1946

Paid for hospital bills	88.49%
Operating cost	10.49%
Reserve for epidemics, etc.	1.02%

Michigan Medical Service

Paid for surgical services	82.87%
Operating cost	12.53%
Reserve for epidemics, etc.	4.60%

MICHIGAN FOUNDATION PLEDGE CARD

Name .....

Office Add..... City.....

Res. Add. ..... City.....

I hereby pledge to the

MICHIGAN FOUNDATION FOR MEDICAL AND HEALTH EDUCATION
2020 Olds Tower, Lansing 8, Michigan, for the twelve-month period beginning September 19, 1945, the sum of

TOTAL PLEDGE	PAID HEREWITH	BALANCE DUE
$	$	$

My contribution is

Please Check Your Choice [✓]

(1) In Cash ☐ to be paid in the total sum ☐ or in annual payments of $.....

or **(2) In War or Victory Bonds** ☐ to be paid in the total sum ☐ or in annual payments of $.....

or **(3) In Life Insurance** ☐

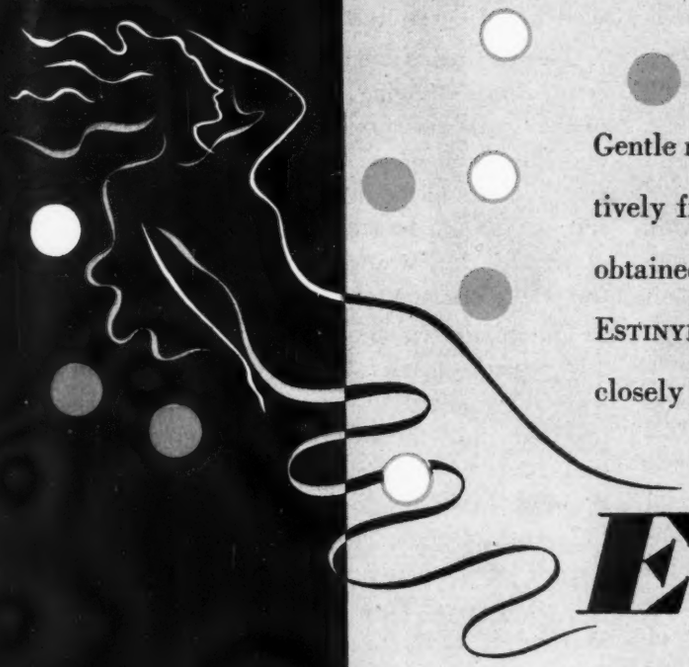
or **(4) As a Memorial** ☐ to the memory of:

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or **(5) In my Will** ☐

SIGNATURE .....

Gentle menopausal therapy



Gentle natural therapy of the menopause, relatively free from untoward side effects may be obtained conveniently and economically with ESTINYL (ethinyl estradiol), an oral estrogen closely related to the true follicular hormone.

ESTINYL

By virtue of its origin and composition ESTINYL favors an easy and calm transition, and yet because of its great oral potency dispels climacteric symptoms rapidly. For the average menopausal patient one tablet of 0.05 mg. daily is usually sufficient, but two or three tablets may be used if required.

ESTINYL Tablets are best administered at bedtime. Available in two strengths—0.05 mg. (pink) and 0.02 mg. (buff) tablets. Bottles of 100, 250 and 1000.

Trade-Mark ESTINYL—Reg. U.S. Pat. Off.

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Editorial Comment

FEDERAL MEDICINE?

If any one *still* thinks that it would be a good idea to have Federal control or Federal management of the affairs of medicine now is a truly excellent time for such a one to cast an eye about, to incline the ear, and to survey the scene of American life as it is being currently directed from above.

Would anyone in even partial possession of his senses care to see the institutions and practice of medicine under the control and direction of such persons as are currently capering, sounding off, filibustering, and "politicking" about the national Capitol? A sad picture.

Perhaps it made sense to fiddle while Rome burned in Nero's time. We wouldn't know. But at that time there was no question of the Federal control and direction of medicine.

Since then, however, a serious, scientific, and responsible profession has builded upon the foundations laid down by Hippocrates and Galen an institution and practice of medicine unreservedly and unqualifiedly dedicated to the sole interest of the sick, to the promotion of the public health, and now to the advancement of preventive medicine.

The very foundations of such a structure are facts and scientific experiment to develop and uncover more facts, to create better public health, more effective preventive measures.

It should be apparent to anyone who has watched and followed the blundering, red-tape-ridden and logorrheic attempts of the Federal government to supervise the current food, housing, transportation, and production muddle that here is no agency to be trusted with direction of the affairs of medicine. To go no deeper into the question: Why should such a blundering government undertake to muddle up something *more* when it cannot now even unmuddle the things it is supposed to know and do something about?

Consider the picture. Shortages of nearly everything but oratory. Whole cities at times without fuel, basic communications systems tied up, national labor relations deteriorating in indecision, ineffectiveness and appeasement for political purposes, insufficient housing, little fuel for existing homes—to mention only a few of the things which might be enumerated.

Is this a government on the record, to be entrusted with the affairs of sick people as the Wagner-Murray-Dingell Bill proposes? A government that cannot or at least does not assure to well people even the basic necessities for living?

The picture is different if the objective sought is to bring all living standards down to the level of the lowest common denominator of a bare, cold, cheerless, and haphazard existence. Then, perhaps, it would be at least consistent that even the sick should be subjected to the same measure of inefficiency, wants, lacks, and deprivations as the well must now endure.

The picture is too dismal to contemplate. A government apparently too much concerned with its own perpetuation, seemingly reluctant to secure the welfare of the whole people against the baronial raids of stubborn organized minorities, indecisive, hesitant, does not seem to us qualified by virtue of these characteristics to be the ideal mentor of medicine and guardian of the sick.—Editorial, *New York State Journal of Medicine,* March 15, 1946.

MINIMUM UNIFORM FEE SCHEDULE

The Michigan State Medical Society has recently accomplished a bit of constructive action outlining a Uniform Fee Schedule for Governmental Agencies. This schedule has been officially adopted by the Michigan State Society for wards and dependents of government, effective January 1, 1946.

The physicians of Michigan believed that the costs of medical care should be evaluated on a similar basis with any other commodity; in other words, the State of Michigan was forced to pay as much for a truck whether it was to be used for hauling material to the State Capitol building or to a county poor farm. It was therefore considered that medical care should command the same fee whether the individual being treated were an occupant of the State Capitol or the county poor farm. With this in mind various committees carefully considered the contentious problem of medical fees. Too often we are led to believe that we as physicians set our own fee

(Continued on Page 590)

YOUR GROWING PRACTICE

needs this

X-ray Diagnostic Unit



KELEKET KXP-100
DIAGNOSTIC UNIT

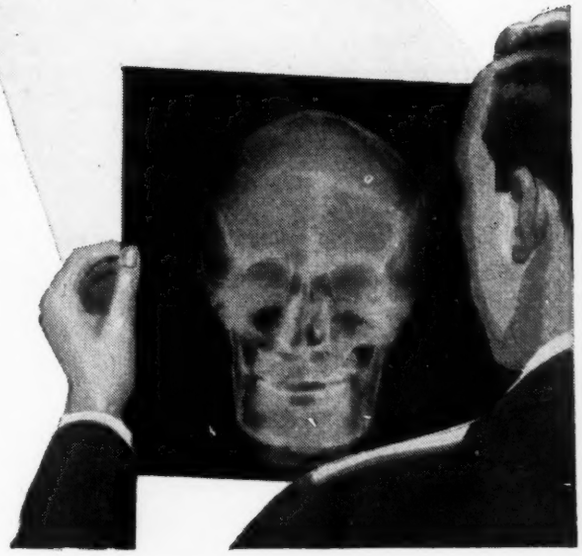
YOU physicians who have longed for the convenience of X-ray equipment right in your own office will find everything desired in this KELEKET KXP-100 Diagnostic Unit!

It has sufficient power to take care of all radiographic and fluoroscopic requirements in the vertical, horizontal, and Trendelenburg positions. It is extremely easy to operate, because of the famous Multicron control with the KELEKET fixed milliamperage feature. A space only 8 x 10 ½ feet is adequate for the complete installation . . . and the total cost is surprisingly low!

Imagine how valuable this KELEKET Diagnostic Unit will be in your practice. You'll obtain brilliant films of fine diagnostic quality, even of the skull, abdomen and other heavy parts of the body. You'll be able to confirm your clinical diagnoses quickly, *right in your own office.*

America today is more "X-ray conscious" than ever before. Investigate this KELEKET KXP-100 Diagnostic Unit now.

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Introducing Little Joe Genius!



This little feller is a thoughtful guy. He's trusting but he just isn't satisfied until he gets ALL the FACTS. Then he speaks his mind. Little Genius is a mighty good citizen. . .

Little Joe Genius believed everything that was told him. But when he was told two things that didn't agree . . . well, he just HAD to find out WHAT TO BELIEVE. He just couldn't seem to understand when people told him about ISSUES. He liked FACTS. He thought that if everybody could just get ALL the information on the subject, why then, SENSIBLE FOLKS would agree.

Little Genius studied lots of subjects but because he wanted to be healthy he studied HEALTH. BUT . . . He ran smack into an ISSUE.



The ISSUE was: Did he want the government to operate on him, or did he want his family doctor? No, that wasn't it. Let's see . . . Did he want the government to run medicine just like it did the Army? . . . or did he want to go to his family doctor and tell him his troubles and get fixed up?

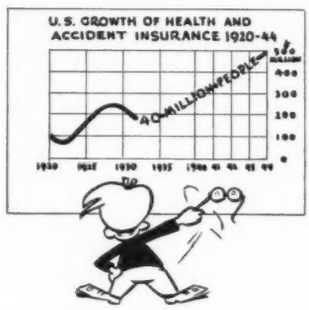
Little Genius thought: "Here is a big ISSUE. I'd better get the FACTS." So, he read books, studied statistics, talked to all sorts of folks.



"You know," said Little Genius, scratching his head in his deliberative way, "it's like a lot of ISSUES. Once you get the FACTS why the old Issue just melts like a block of ice when the sun shines!

"What are the facts, Little Genius?" I asked.

"Well," Little Genius frowned thoughtfully: "First, I guess I should tell you what the situation is now. In Michigan and plenty of other states there are lots of voluntary medical and hospital plans. They're growing fast! Folks appreciate how valuable their service is.



"The majority of these are non-profit plans approved by the doctors and the State Legislature. There's the Michigan Hospital Service and the Michigan Medical Service for example. Under those plans anybody in the state can use any doctor he wants and the doctor and hospital bills will be paid for him and his whole family. It costs only around 3 or 4 dollars a month for either plan.

"Is that for the whole family?" I asked.

"That's right . . . the whole family," answered Little Genius. "Why, Jerry Jones in Detroit had three kids in the hospital for tonsilitis and then fell down and broke his leg. All he had to pay was their taxi fare home from the hospital."

"What about this Wagner-Murray-Dingell Bill that's been introduced in Congress?" I inquired.

Little Genius frowned one of his worst frowns. "The FACTS tell me I CAN'T AFFORD IT. That Bill was introduced by Senators Wagner and Murray as a so-called 'National Health Act of 1945' but the Facts are that it won't make us a darned bit healthier and its going to make our pocketbooks downright SICK."

"Honestly, I JUST CAN'T AFFORD IT," Little Genius repeated. "Just for medical care alone we taxpayers would have to pay $3,000,000,000 a YEAR and that isn't enough for all the medical benefits 'promised' under the Wagner-Murray-Dingell Bill. Most government authorities say it would run around 5 or 6 billion dollars. In addition, we'd have to pay the salaries of thousands of folks needed to run the outfit: the clerks, the lawyers, the statisticians and the investigators. Why, in England, *besides* the doctors, they hire one employe for every 100 people insured, so in the U. S. that would mean 1,500,000 NEW GOVERNMENT EMPLOYES. If the average salary was $2,000 that would cost $3,000,000,000 MORE each year. On top of that is ANOTHER

(Continued on Page 590)

This article, in pamphlet form, is being distributed to the laity by members of the MSMS. It is the first in a series to be presented monthly in THE JOURNAL. In the June issue, Little Genius will have something to say on Compulsion.

BELLKATAL
TABLETS

Possess the Power of Adsorbtion – Induce Sedation and Relaxation

● The basic properties of Bellkatal are: Kaolin Colloidal 7½ grs., a protective to the mucous membrane and an adsorbent of irritant secretions; Belladonna Root ¼ gr., a sedative and relaxant of the autonomic nervous system; Phenobarbital ⅛ gr., a sedative to the central nervous system.

The name Hartz with its background of 40 years of precise manufacturing methods assures physicians and hospitals *of the formula exactness* of Bellkatal.

Results attained through the use of Bellkatal following indications of nervous indigestion, vomiting, pain and gas after eating, and intestinal disturbances have *convinced* Physicians of its *effectiveness.*

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Use Hartz Laboratory Controlled Products

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typical case histories

ACUTE ULCERATIVE TONSILLITIS—

TREATMENT

6-8 Tablets Sulfathiazole Gum chewed daily.

RESULTS

Immediate improvement. Temperature normal after 72 hours.

ACUTE RHINITIS AND SECONDARY PHARYNGITIS—

TREATMENT

Sulfathiazole Gum, 1 tablet chewed for 1 hour every 2 hours.

RESULTS

Throat symptoms improved immediately, entirely disappeared after 48 hours. Patient continued with common head cold.

PLAUT-VINCENT'S ANGINA—

TREATMENT

One Sulfathiazole Gum Tablet chewed ½ to 1 hour, every hour for 8 doses.

RESULTS

Complete recovery within 56 hours.

White's SULFATHIAZOLE GUM

White's Sulfathiazole Gum now has been used with marked success in many thousands of cases of miscellaneous infections of oral and pharyngeal tissues, notably acute tonsillitis and pharyngitis, septic sore throat, infectious gingivitis and stomatitis, Vincent's infection; also indicated in the prevention of local infection secondary to oral and pharyngeal surgery.

CLINICAL ADVANTAGES:

A single tablet chewed for *one-half to one hour* provides a salivary concentration of locally active sulfathiazole averaging approximately 70 mg. per cent. Moreover, resultant blood levels of the drug, even with maximal dosage, are so low (rarely reaching 0.5 to 1 mg. per cent) that systemic toxic reactions are virtually eliminated.

Supplied in packages of 24 tablets, sanitaped in slip-sleeve prescription boxes.

IMPORTANT: Please note that your patient requires your prescription to obtain this product from the pharmacist.

A product of

WHITE LABORATORIES, INC.

Pharmaceutical Manufacturers, Newark 7, N. J.

INTRODUCING LITTLE JOE GENIUS

(Continued from Page 586)

THOUSAND MILLION for public health service and health centers. And then there's the cost of building hospitals besides. Why altogether the cost would run up around $12,000,000,000. That's a DOZEN THOUSAND MILLION DOLLARS and that's TOO MUCH!

"Do you know how much, it was said in Congress, our tax would be?" Here Little Genius who had the FACTS didn't wait for me to reply. "They say, 'about 18% of pay rolls would be needed.' I tell you I JUST CAN'T AFFORD IT.



"If they're thinking about voting on that bill, I'd better write my Congressman about this, hadn't I?" I asked.

"Sure." Little Genius was emphatic. "Write Your Congressman. He wants to know what Sensible Folks think! *I'm* going to write him RIGHT NOW!" So he wrote to Washington, D. C.:

Dear Mr. Congressman:

For Pete's sake . . . and for my sake and my country's sake—keep that Wagner-Murray-Dingell Bill tied tight in committee. We taxpayers can't afford another payroll tax—an 18% one this time—just to make more jobs and power for bureaucrats.

Let's give the doctors a chance to sell their Voluntary Health Plan to the people. If it works—and the docs ought to know how to run their own business—more taxes won't be needed.

Yours,
Little Joe Genius.

Follow the example of Little Genius. Write your Congressman in Washington, D. C.

MINIMUM UNIFORM FEE SCHEDULE

(Continued from Page 584)

and we lose sight of the fact that in the long run the fee is really determined by the individual patient. For instance, if the patient feels the fee is too high, he either pays nothing or what he believes is a reasonable expenditure for the services received. Coercion to obtain the balance is often far from successful.

It is anticipated that this uniform fee schedule as arranged for governmental agencies in Michigan will be adopted in the future by all groups, such as state agencies, aid to the blind program, vocational rehabilitation, etc. It is understood that this is a minimum fee schedule and is considered flexible to the extent that any fee may be raised upon occasion. It has the advantage of affording in one brochure a reasonably official basis for the public to judge just what the expense of any medical or surgical procedure will cost.

Here in Iowa we have a fee schedule as worked out by Iowa Medical Service. Other groups have in the past published fee schedules which differ in certain respects. The Michigan plan certainly has definite advantages in that it may be used not only by governmental agencies but for any public or private group in the state.—Editorial, *Iowa State Medical Society Journal*, March, 1946.

ST. CLAIR COUNTY MEDICAL SOCIETY CLINIC

All members of the Michigan State Medical Society are cordially invited to attend the St. Clair Medical Society Clinic at St. Clair Inn, June 14, 1946, and enjoy the following splendid program:

Afternoon Session

2:00 P. M. Some Aspects of Diabetes Mellitus in Practice—ROBERT KERR, M.D., Physician to the Toronto General Hospital and member of the Faculty, Toronto University Medical School.

3:00 P. M. Diagnosis and Treatment of Chronic Diarrhea—K. J. R. WIGHTMAN, M.D., Physician to the Toronto General Hospital and member of the Faculty, Toronto University Medical School.

4:00 P. M. Treatment of Varicose Veins and Complications—J. T. R. MILLS, M.D., Surgeon to the Toronto General Hospital and member of the Faculty, Toronto University Medical School.

5:00 P. M. Present Status of Biliary Disease—ROSCOE R. GRAHAM, M.D., Surgeon to the Toronto General Hospital and Associate Professor of Surgery, Toronto University Medical School.

6:30 P. M. Dinner, St. Clair Inn.

Evening Session

8:00 P. M. Panel Discussion of Diseases of the Stomach and Duodenum led by ROSCOE R. GRAHAM, M.D.

Panel includes:

(1) FRED C. COLLER, M.D., Professor Surgery, University of Michigan.
(2) L. C. FALLIS, M.D., Surgeon, Henry Ford Hospital, Detroit.
(3) ROBERT KERR, M.D.
(4) K. J. R. WIGHTMAN, M.D.
(5) J. T. R. MILLS, M.D.

Note: Those attending are urged to enroll by one o'clock. Meeting promptly at two o'clock.

Committee: Dr. E. C. Sites, chairman, Dr. C. F. Thomas, Dr. C. S. Martin, Dr. E. W. Mcredith, and Dr. W. A. Schaefer.



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Political Medicine

A GOOD EXPERIMENT

Without any fanfare and with only a modicum of the publicity it deserved, a program was inaugurated in Michigan last month which may well have a profound and far-reaching effect on future social legislation. If successful (and there is every reason to hope that it will be), it should serve as a pattern for a much expanded program—one by which the government could fulfill its responsibility in safeguarding the physical well-being of its citizens without at the same time subjecting them to the regimentation and other objectionable features so deplored in many of the proposals for public health insurance.

More than a half century ago, Pope Leo XIII enunciated the principle that "the first duty, therefore, of the rulers of the state should be to make sure that the laws and institutions, the general character and administration of the commonwealth, shall be such as to produce of themselves public well-being and private prosperity" and that "whenever the general interest or any particular class suffers, or is threatened with, evils which can in no other way be met, the public authority must step in to meet them."

It has been in accordance with this principle that Catholic scholars have insisted that the state has a responsibility to protect its citizens against the ravages of illness and to fill the need for health insurance which non-governmental agencies have to date failed so woefully to supply.

* * *

Dangers Recognized

These same scholars, however, recognized the dangers involved in the majority of the proposals sponsored by the proponents of "state medicine" or the so-called socialized medical care.

This whole problem was treated in this column several months ago, at which time I explained and praised the proposal of Dr. Stanley W. Insley for the operation of a "producers' co-operative" to be operated by physicians under the name of "The Michigan Medical Service." I mentioned that the plan had many worthwhile possibilities and deserved a trial by government before some perilous and less sound experiment be attempted.

I was particularly happy, therefore, to learn that an agreement had been reached between the Veterans' Administration and the Michigan Medical Service, whereby the latter will provide medical care to veterans for service-connected disabilities. Under the terms of the contract, which went into effect January 15, disabled veterans will have the right to select their own doctors, in most cases their family physicians or in other instances specialists in particular fields, with the cost of care defrayed by the Veterans Administration.

* * *

Cut Red Tape

No longer will it be necessary for Michigan ex-servicemen to leave their families and friends to seek medical attention in a governmental institution far distant from their homes. Minimized, too, will be the red tape and the consequent delay hitherto involved in seeking such care.

It has long been feared that it would take years to establish the necessary institutions and to assemble the required staffs to care for the needs of servicemen disabled in World War II. Such fears are now allayed for local veterans under this program.

Should the experiment prove successful in Michigan, it is expected that the Veterans' Administration will extend its operation to other states. Moreover, what the V. A. is able to do for veterans, the Federal Government could likewise do for all citizens—namely, purchase for the people of this nation health insurance from the doctors' own producers co-operative under a program administered by the doctors themselves and by which patients would be able to exercise free choice in the selection of physicians.—Rev. Raymond Clancy, *Wage Earner*, Detroit, Feb. 15, 1946.

* * *

SERVICES FOR UNMARRIED MOTHERS AND THEIR CHILDREN

One out of every twenty-five babies in our country is "illegitimately born," and the mothers of these children—half the time—are themselves little more than children, between fifteen and nineteen years old.

The difficulties these unmarried mothers and their children face present a challenge to hundreds of communities.

Providing the many services mother and baby may need—social case work, financial assistance, medical, nursing, and hospital service, legal advice, and assurance of a good family life for the baby—takes co-ordinated planning on the part of many community agencies if the job is to be done well.

What services should be available to unmarried mothers, how communities can plan to meet these needs, and what resources are available to local communities from the Children's Bureau of the U. S. Department of Labor, the Bureau of Public Assistance of the Social Security Board, and the American Red Cross are described in this little bulletin. These three agencies co-operated in its preparation.

Here is a guide to planning useful to community leaders, local public officials, and private agencies, who are concerned with giving the baby born out of wedlock a fair start in life and his mother a helping hand over a difficult period.

The above is a news release from the Children's Bureau, and speaks for the Pepper Bill extending the services of the EMIC to all. Here is a group with an appeal to well doers, and here is another chance for the gradual encroachment on the practice of medicine, and the establishment of other bureaus and bureaucrat jobs. The following Washington news item shows what has already been accomplished.

WASHINGTON—(AP)—Uncle Sam footed the bill for 1,192 servicemen's babies born in Michigan during January under a continuing maternity and infant care program started during the war.

Maternity care is provided for wives of aviation cadets and of servicemen in the four lowest pay grades. Free

(Continued on Page 594)



"Circumstances over which I have ~~no~~ control"

The unpredictable can of course always happen in surgery —but by rigid adherence to aseptic routine and the use of an effective antiseptic, such as Tincture Metaphen, the surgeon can control the ever-present threat of infection. In Tincture Metaphen you have a very real assurance of high antiseptic power, prolonged action and relative freedom from tissue irritation. There are other outstanding qualities you will also appreciate—its distinctive orange stain clearly delineates the operative field —it does not affect surgical instruments or rubber goods, is quite stable when exposed to air—and *now costs far less than ever before.* Tincture Metaphen 1:200 is available through hospital and prescription pharmacies in bottles containing 1 fluidounce, 4 fluidounces, 1 pint and 1 gallon. ABBOTT LABORATORIES, NORTH CHICAGO, ILLINOIS.

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SERVICES FOR UNMARRIED MOTHERS

(Continued from Page 592)

medical, hospital and nursing care also is provided for their infants until they are one year old.

Wives and infants of honorably discharged veterans are eligible for aid, the children's bureau explained, if a wife was pregnant or if a child was under one year at the time of the serviceman's discharge.

Counting the January total, 39,712 wives and babies have received free care in Michigan since the start of the program there in May, 1943.

* * *

PRIVATE PROTECTION

Socialized medicine program gets a cool reception in House following showing by insurance industry that 40,000,000 persons already are covered by voluntary health and accident policies—a five-fold increase over 1939.

More than 400 companies now write health and accident insurance. Total premiums in 1944 were $525,000,000 for this class of business, exclusive of hospital service policies.

In addition, more than 5,000,000 persons carry prepaid medical care programs, covering hospital and surgical bills. Almost half of latter group are covered by employer-sponsored plans in industry. Next, 17,500,000 participate in Blue Cross Hospital plans.

Consolidating all these voluntary protection measures, Insurance Economics Society of America concludes that at least half the population insures itself against medical costs; another 40 per cent handle these emergencies on pay-as-you-go basis without hardship.—*Nation's Business*, February, 1946.

* * *

NEW YORK HEALTH PLAN SHELVED

The Commission appointed by Governor Dewey to study the question of compulsory health insurance for New York has reported a majority and a minority report. The majority report said:

"A comprehensive plan for medical care includes hospitalization; physician's care at home, in the office, and in the hospital; nursing care, diagnostic services, and limited dental care. The cost of this type of plan covering every resident of the state has been variously estimated but it would probably be at least $400,000,000 a year. This would mean a cost of at least $30 per capita. The commission is of the opinion that this sum represents too great an expenditure to be imposed on the people of the state, either directly or indirectly through governmental authority, until there has been more experience in the field of medical and hospital insurance.

"There would be serious difficulties in administering medical care to 13,000,000 people and avoiding abuses and deterioration in the quality of service. Furthermore, the facilities in the state with respect to medical, dental, nursing and hospital care would need to be greatly expanded."

The report said the commission was unwilling to recommend "an experiment on such an enormous scale and at such cost and risk" and endeavored to find "some plan less than a comprehensive plan, which might be used to test out the practicability of a compulsory prepayment plan of medical care," but that there appeared to be no such plan on which the members could agree.

A minority report signed by five other members of the Commission recommended a start with a comprehensive medical, dental, hospital and nursing care program for children under eight years of age.—*New York Tribune*, February 16, 1946.

* * *

BRITISH HEALTH PLAN ABOLISHES DOCTORS' BILLS

LONDON, March 21—The blueprint of England's plan to socialize the medical profession, lock, stock, and barrel—hospitals, patients, physicians, and dentists—was made public today. The British Medical association, which includes most of England's 56,000 doctors, immediately started marshalling its forces to fight the measure, which has been in the wind for three years.

The main features of the health service bill, which will be presented to parliament soon, are:

1. All medical services will be available to everyone without fees except in special cases.

2. All hospitals and their equipment will be taken over by the government.

3. Doctors joining the service will be compensated for their practices and will work as employes of the state.

Aneurin Bevan, Laborite minister of health, who prepared the bill, left loopholes which, at first glance, would seem to insure that doctors and patients who so desire could maintain their former personal relationship. The measure provides, for example, that no physician can be forced to join the program, patients are free to choose their own doctors who in turn, can accept or reject any patient, and anyone wanting to can pay for and receive private care and a private hospital room.

But other provisions of the bill make it virtually impossible for a doctor to practice outside the service, so the medical association charges that the bill in its present form will make the entire profession part of the civil service.

* * *

Cost $600,000,000 a Year

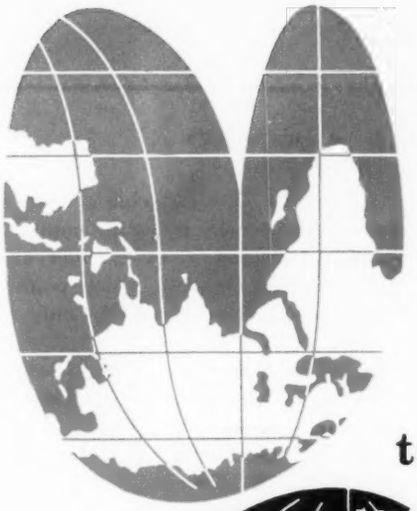
The plan is expected to cost the government $600,000,000 a year, and Bevan indicated it will go into effect early in 1948.

Physicians joining the service will be paid for the good will of their practices up to more than $250,000,000. But after the start of the service it will be an offense punishable by fine and imprisonment to sell or buy a practice.

The plan suggests a fixed salary, varying according to experience and circumstances, plus a yearly fee for each patient who signs up with the doctor. In addition, the doctor will receive 2¾ per cent interest on the good will value of his practice. The principal will be paid upon his death or retirement.

Each physician will have a contact for service with a newly established body called an executive council in each county. On a higher level is the medical practices committee, charged with regulation of practices. All doctors wishing to join the program or to move to another area must secure permission from the committee.

(Continued on Page 698)



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War Medicine

EUROPEAN INFLUENZA MISSION REPORTS FINDINGS

With the recent history of influenza strongly indicating that an outbreak might occur during the winter of 1945, the Chief Surgeon, European Theater, Major General Albert W. Kenner, requested the assistance of The Surgeon General in establishing a diagnostic and control program.

Directives establishing an influenza program were prepared in conjunction with Colonel Tom Whayne, Chief, Preventive Medicine Division, and Colonel Jesse Edwards, Theater Laboratory Consultant.

Facilities for the diagnosis of influenza through use of chicken cell agglutination-inhibition antibody and virus isolation techniques were put in operation at the Theater Medical Laboratory at Darmstadt. Studies were instituted to determine the magnitude of the respiratory disease problem and the nature of the current respiratory diseases both in the military and civilian populations.

The Influenza Mission toured the military hospitals, civil internee camps, prisoner-of-war enclosures and civilian hospitals in the U. S. Zone of Germany and other areas where American soldiers were stationed. Hospital wards were visited, and clinical, epidemiological and laboratory aspects of influenza were discussed.

The findings of the Mission are extremely interesting from the epidemiological point of view. Clinical studies revealed the sporadic occurrence of influenza in the military and civilian populations. It was determined by laboratory studies that influenza A and B were present simultaneously in these populations. Conditions incident to the present status of these mobile, constantly changing populations, were conducive to spread. However, during the winter period when the appearance of epidemic influenza was considered most likely, such spread did not occur in Germany, although rates for other respiratory diseases, diphtheria and streptococcus infections, continued to rise. The findings support the contention that the influenza viruses in interepidemic periods are maintained in a human host reservoir as sporadic cases. Influenza B in epidemic proportions occurred in the United States in December of 1945 and in England in January of 1946. These epidemics occurred, one might say, as expected. This expected occurrence contributed to the decision to initiate an Army-wide influenza vaccination program in October, 1945.

With conditions in Germany favorable for the spread of influenza and knowledge of the presence of the viruses there established, the absence of epidemic influenza last winter is inconsistent with the commonly accepted concepts of influenza epidemiology.

Influenza Virus Vaccine, Types A and B, are now released for general civilian use. This vaccine is a sterile concentrated suspension of influenza virus from the only known etiological types, both included. It is grown on chick embryos, and since it contains a trace of chicken protein, precautions should be taken in patients allergic to such proteins.

ARMY PROGRAM PREVENTS IMPORTING OF DISEASE

There is little or no risk of introducing foreign disease into the United States through returning military personnel from abroad, according to an announcement by the Office of The Surgeon General, which pointed out that the most careful estimates anticipate only moderate danger in a few cases.

This conclusion was reached after a world-wide survey by the Interdepartmental Quarantine Commission, which was jointly established by the Secretaries of War and Navy and the Administrator of the Federal Security Administration to study this problem.

With the end of the war and return of the bulk of combat forces, it is now possible to review actual results on a preliminary basis. Though tentative, highly optimistic conclusions appear warranted, the announcement stated.

To date no acute outbreak or secondary spread of an imported disease has been reported. While more slowly evident diseases may be identified later, it should be remembered that the traffic of war has gone on for four years, giving ample time for discovery of such diseases.

The 440,000 hospitalizations for malaria reported among Army personnel during the war fall short of pessimistic predictions for what has proved to be the commonest infectious disease of troops abroad.

Even with the consideration that a portion of infected persons are liable to recurrence after their return to the States, conditions in this country are generally unfavorable for the spread of malaria and the chances of community risk are very small.

The special danger of cholera, smallpox, plague, epidemic typhus, and yellow fever is a matter of historical record. Immunizations were employed against all these diseases by the Armed Forces along with water purification, environmental sanitation, and disinfestation and insect control. This preventive medicine program was exercised even under combat conditions and its effectiveness was shown by Army records. The high general level of sanitation, insect control, and alert medical care available here forms the final link in the protection of this country from imported diseases.

The risk of importing diseases from abroad has been less in some respects than in normal prewar traffic and the credit for these results has been attributed to the modern preventive medicine program of the Army and Navy.

Cases of exotic disease did occur, the announcement stated, but extensive investigation of likely hazards and critical application of preventive and corrective measures were effective in reducing risks to small proportions.

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Program of Health Legislation Beneficial to the People

WHEREAS, It is the earnest desire of the medical profession of this country to provide better health care for the American people and improve health facilities and standards, therefore be it

RESOLVED, That the following principles for a health legislation program be adopted:

1. Establishment in the President's Cabinet of a Secretary of Public Health and Medical Welfare, who shall be selected from the ranks of actively practicing physicians, and under whose jurisdiction every federal bureau and office, whose duties are related to health and medical welfare, shall be grouped.

2. Encouragement of medical and other scientific research and study for the continuous improvement of medical care by government grants-in-aid.

3. Provide federal or state loans, or guarantees of private loans, for the expansion of hospital and educational facilities, the operation of same to be entirely supervised, controlled, and carried on by those who own such facilities and by the medical profession.

4. (a) Establish state-wide voluntary non-profit health care programs, in every state, based on the free choice of purveyors of health care; such programs shall act as a service plan to all in groups classified as within a special income level as determined by the plan in each state or regional unit; as an indemnity plan for those classified as above that income level by each state or regional unit; as a service plan to the indigent and semi-indigent by contractual arrangement for payment of charges from county, state or federal funds; as a service plan for all other governmental categories eligible for health care; as a service plan for all physicians' services to veterans of the armed forces for all illnesses or disabilities eligible under the law.
   (b) Any further federal or state programs for expansion of medical service to be developed within the structure of the above-described program.
   (c) National co-operation with the proposed plans of Major General Paul R. Hawley of the Veterans Administration in the therapeutic administrations to veterans for service-connected disabilities. Also for the development of veteran facilities as teaching hospitals under the medical direction of civilian consultants in the respective specialized medical departments.
   (d) All state-wide medical care programs on either a service or indemnity care basis shall be incorporated under special state-enabling acts or by already existing state statutes relating to non-profit producers' co-operatives. This will provide for either a prepayment or a reimbursement contractual service.
   (e) Group co-operation and reciprocity, on a national level, by all voluntary state medical and hospital care (Blue Cross) programs, should be accomplished.

5. We suggest establishment in communities where feasible of a public information and educational service adequately financed, to advise all the people with respect to proven measures to prevent illness, hygienic and sanitary measures, and where to go to seek help when ill or injured.

6. The function of government, federal and state, should be to encourage and assist, rather than to compete with, reputable voluntary health insurance plans, and be it further

RESOLVED, That every state medical society be invited to study, adopt and activate these principles on the state level, and that they be submitted to the AMA Council on Medical Service and Public Relations for immediate consideration as a pattern for a national health program.

Adopted by Conference of Presidents and other Officers of State Medical Societies, December 2, 1945; referred by 1945 AMA House of Delegates to the AMA Council on Medical Service and Public Relations, December 5, 1945.



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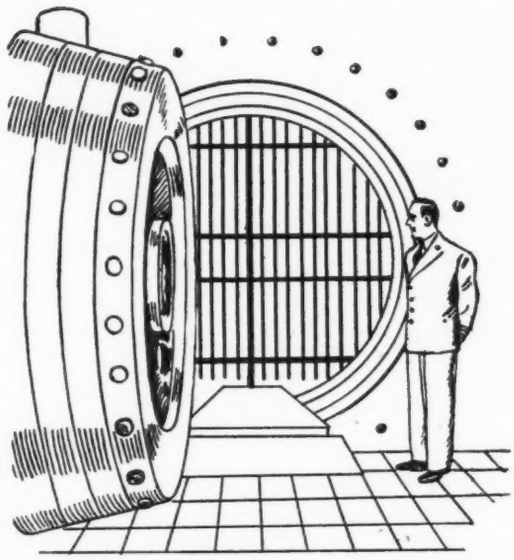
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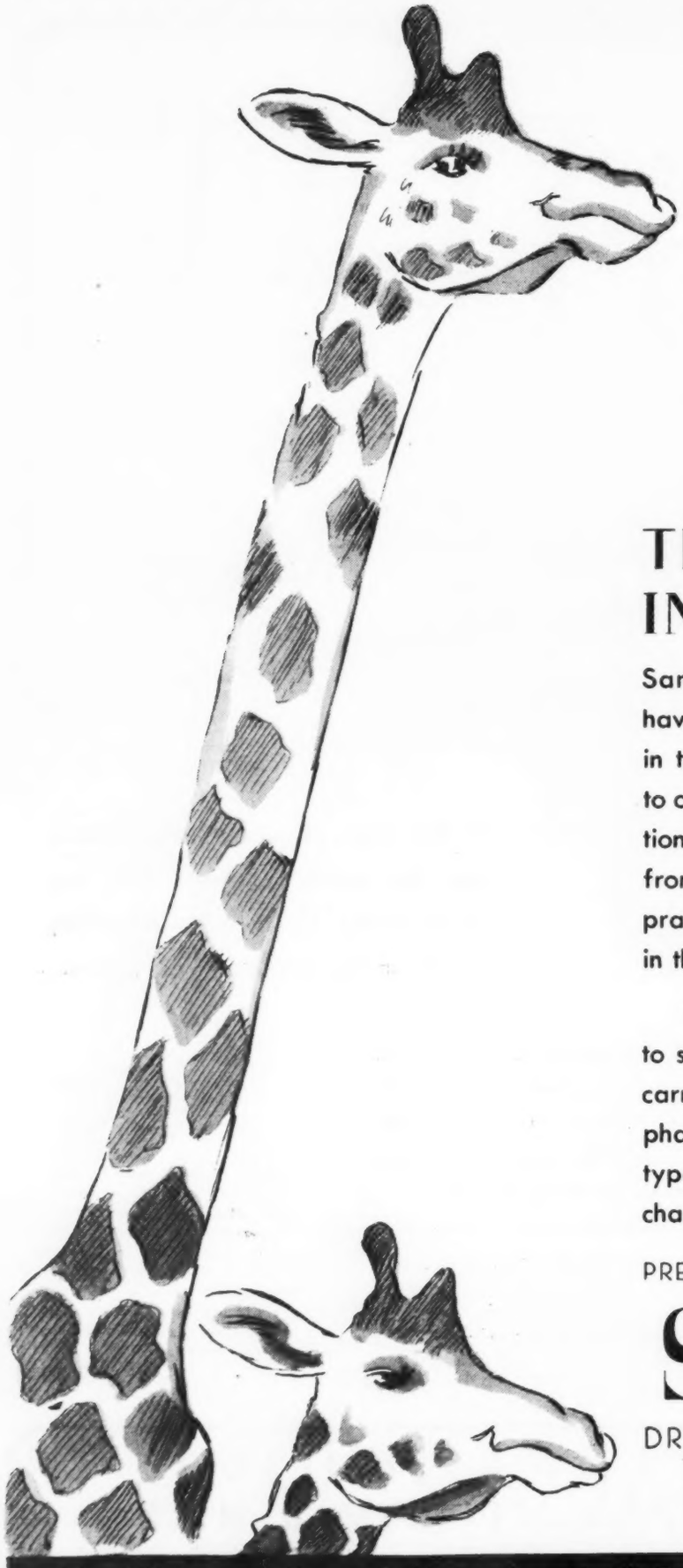
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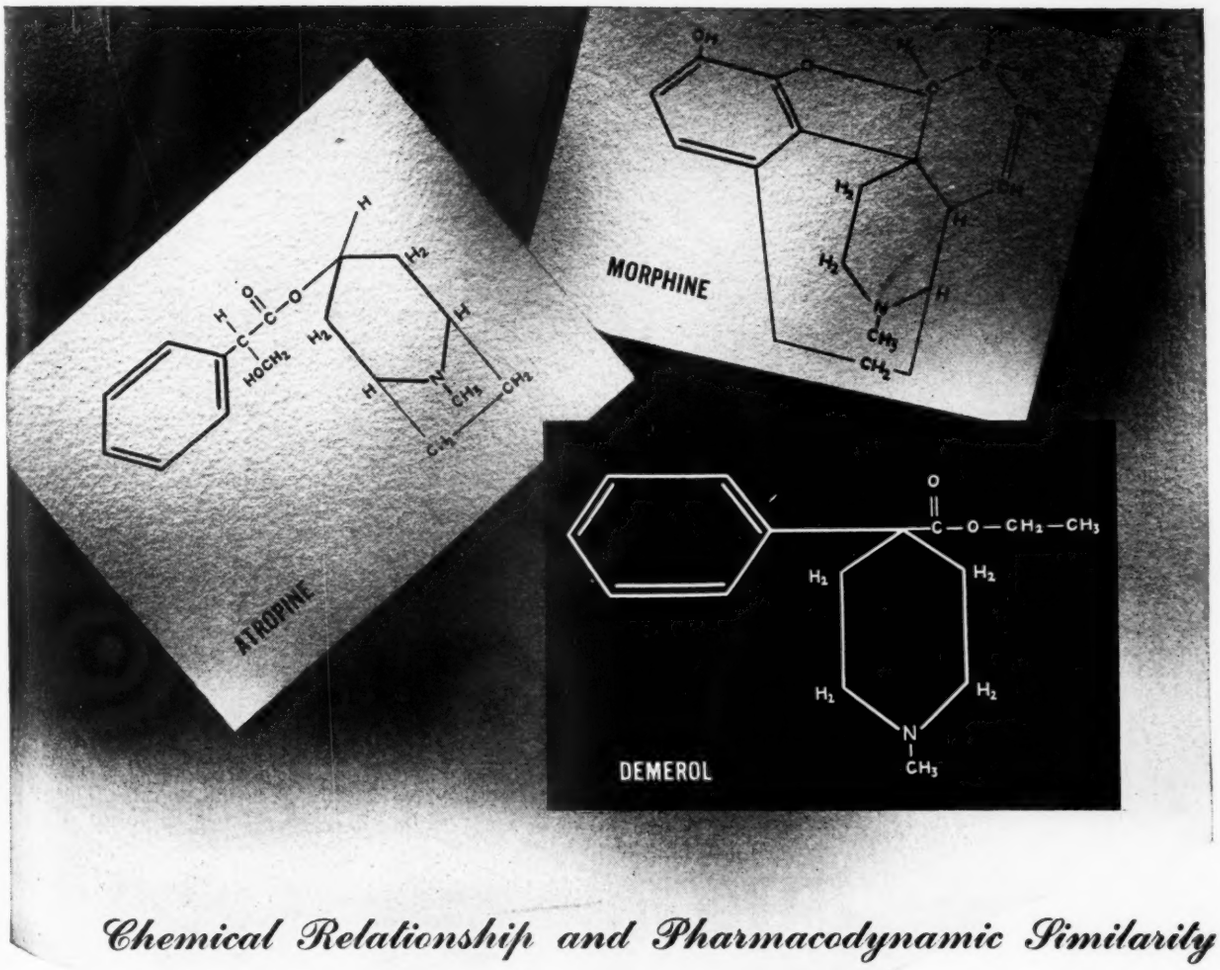
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---

1 *Stare, F. J., and Thorn, G. W.: Protein Nutrition in Problems of Medical Interest, J.A.M.A. 127:1120 (April 28) 1945.*

2 *Stare, F. J., and Davidson, C. S.: Protein: Its Role in Human Nutrition; Introduction, J.A.M.A. 127:985 (April 14) 1945.*

3 *Anderson, G. K.: The Importance of Protein in Diet Therapy, J.Am.Dietet.A. 21:436 (July-August) 1945.*

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REFERENCES:

Rambar, A. C., Hardy, L. M., Fishbein, W. I.: J. Ped. 23:31-38 (July) 1943

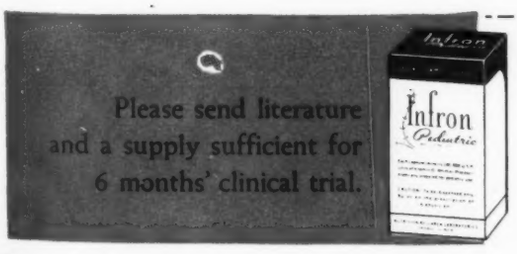
Wolf, I. J.: J. Ped., 22:707-718 (June) 1943

Wolf, I. J.: J. Ped., 22:396-417 (April) 1943

Wolf, I. J.: J. Med. Soc. New Jersey, 38:436 (Sept.) 1941

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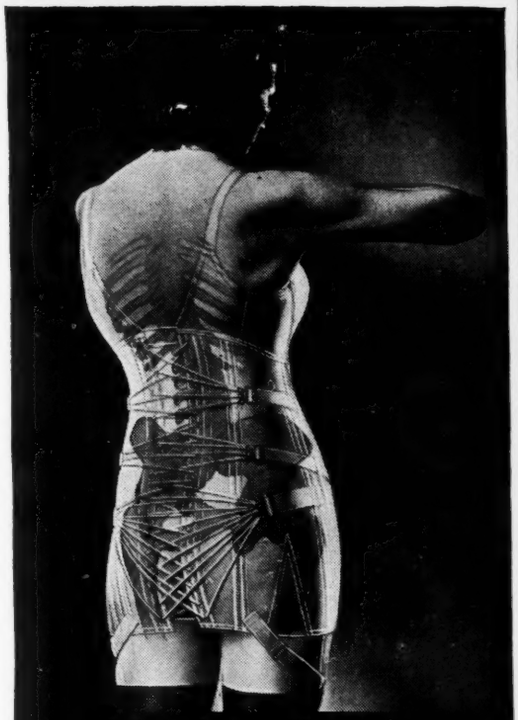
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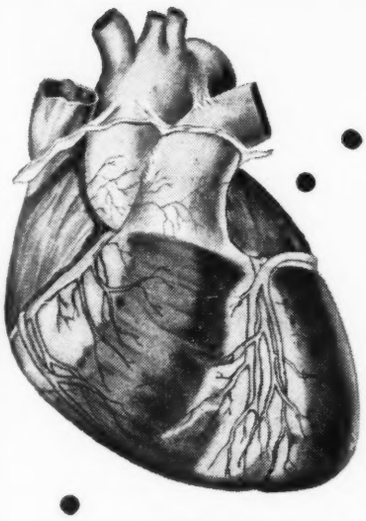
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1. Paul & Rhomberg, J. Iowa S. M. A., *35*:167, 1945
2. Sandweiss, et al, J. A. M. A., *130*:261, 1946

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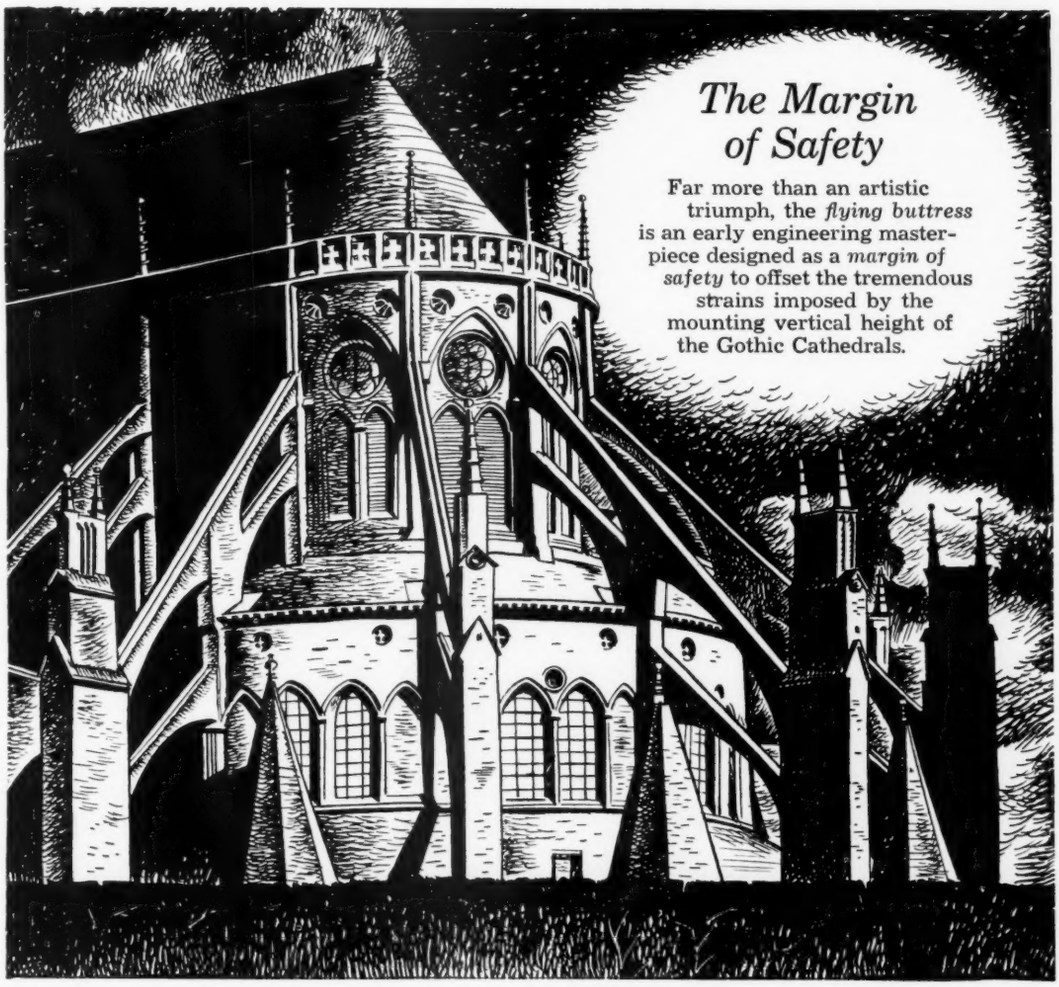
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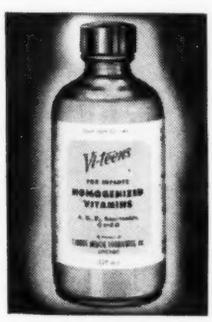
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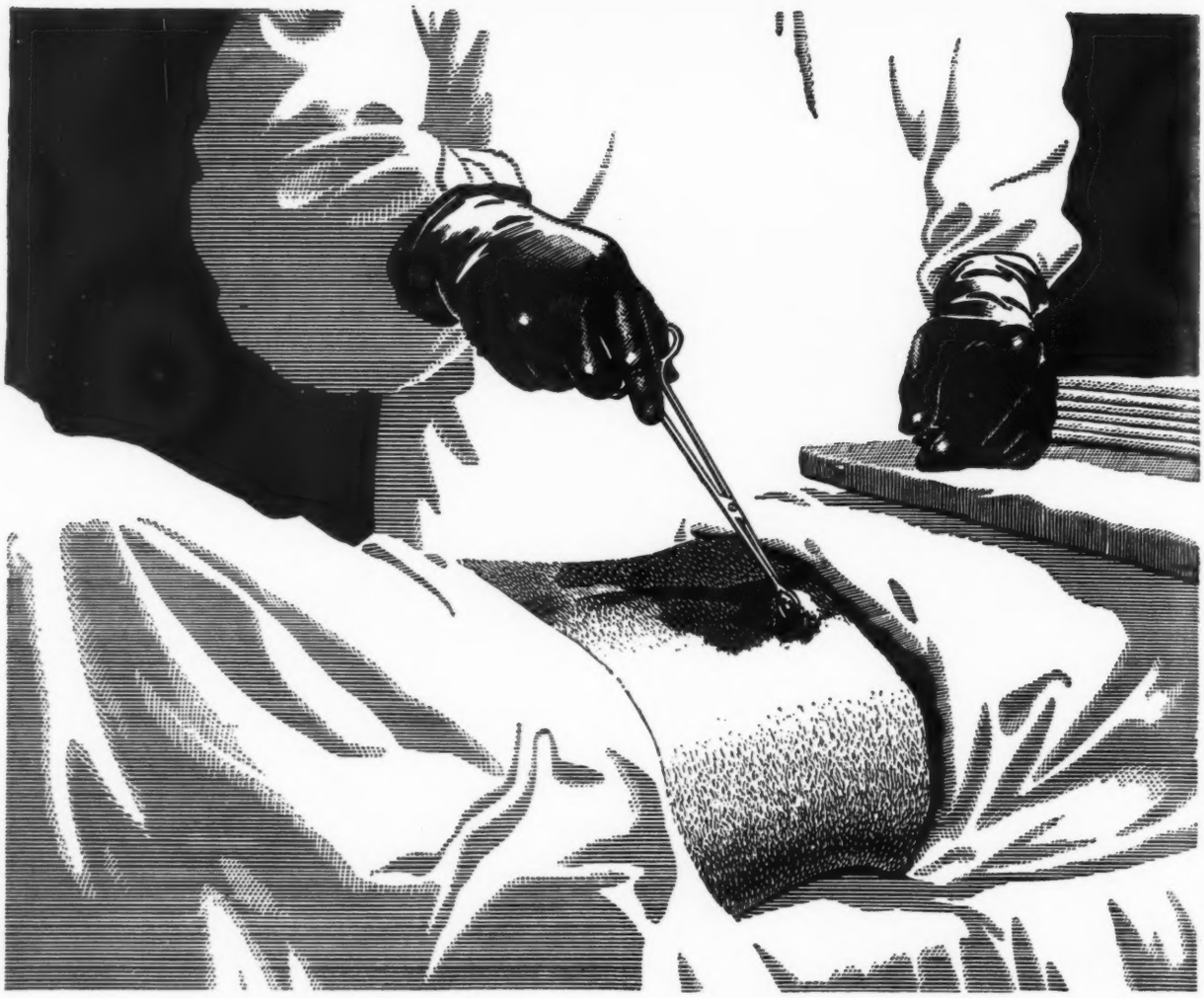


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